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Clinical Lectures

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL,

BY

JOHN ERICHSEN, Esq.,

PROFESSOR OF SURGERY AND OF CLINICAL SURGERY IN UNIVERSITY COLLEGE, ETC.

LECTURE III.

ON THE DIAGNOSIS OF TUMOURS OF THE BREAST.

GENTLEMEN,—Every woman who has a swelling in the breast fears it is a cancer. She knows no distinction between one kind of tumour and another, and imagines every tumour to be a cancer. Constantly dreading this disease, she believes, as soon as she finds she has a tumour, that she labours under it. She goes to a surgeon, and uncovers her bosom with great hesitation, and with earnest solicitude scans his countenance as if there to read her fate. If the surgeon be able to say, "My dear madam, this tumour need give you no uneasiness, it is attended with no danger, and will occasion no inconvenience hereafter," he sees by the smile which immediately illumines her features what a load of anxious care is removed from her mind. In many cases of tumour of the breast, as well as elsewhere, it is quite possible to pronounce positively, and at once, for good or for evil. If the patient be middle aged, if the tumour be hard and adherent to the skin, and more particularly if it be ulcerated; if there be a chain of indurated glands extending into the axilla; if the countenance be sallow, with glistening eyes, and the frame emaciated, the surgeon can seldom be wrong in at once deciding the tumour to be cancer; on the other hand, when the patient is young, the tumour hard but moveable, the constitution delicate but good, the surgeon may require time to perfect his diagnosis. This uncertainty with regard to diagnosis of the tumours of the breast is an inherent element of these diseases, and may even continue after the growth has been removed from the mamma. In many cases surgeons will be in doubt about its nature, and this doubt is not cleared away until the tumour is subjected to careful microscopical investigation. So great is this difficulty, that the most skilful surgeons will occasionally err. It is true that the progress of the disease, and the state of the constitution of the patient will eventually throw light on the nature of the disease; but there is nothing pathognomonic in the early stage of the growth of these tumours, and it is at this period that the great difficulty in their diagnosis arises.

In the early stages of all tumours of the breast, the surgeon is at last compelled to form his judgment of their nature by the manipulation of the mass. You can readily understand that, however skilled the sense of touch, however much he may possess the *tactus eruditus*, he may easily be deceived. For instance, if you were to put half a dozen apples under a napkin, and by simple manipulation you had to determine which one was a Ribstone pippin, which a golden one, you might in a few cases be right, but in many you would certainly err. This is precisely what happens in tumours of the breast, though the history of the case will often reduce to a certainty the opinion we had formed of a tumour from its feel, and which otherwise would have remained obscure and unsettled. There is no class of surgical diseases in which errors of diagnosis are so likely to occur as in that of diseases of the breast. The most skilful surgeons may err, and have frequently done so; and, indeed, you would gain more instruction from an account, if it were possible to write such a one, of the errors of surgeons in these matters, than by reading any account of the diagnosis of these diseases. It is in a great measure in consequence of, and by taking advantage of these errors, that the cancer-curing quacks, who, whether lay, clerical, or medical, flourish in all large towns, derive much of their reputation with the public. They have this advantage over medical men. Suppose the "cancer-curer," as he calls himself, fail in effecting a cure, he is then no worse off than the regular practitioner, by whom the disease had previously been pronounced to be incurable. But if a medical man makes an error, and diagnoses cancer when in reality the tumour is a benign one, the patient, knowing that medicine affords her no relief, and that surgery only offers the palliative measure of extirpation, applies to a "cancer-curer"; he uses his caustics, and destroys a tumour, which, being non-malignant, though erroneously believed to be cancer, does not return. Such a case is ever after looked upon by her friends as an incontestable cure of a cancer, which had been pronounced to be incurable by medical men. Hence it is very necessary not to hazard a positive opinion in doubtful cases, or at all events not to throw one out on the gloomy side.

I recollect three cases sent into this hospital at no very distant date, which illustrate this last observation. The first was that of a man with a "tumour" of the lower jaw, which was sent in as a cancer of that bone. It was solid, firm, and prominent; but there was some œdema of the soft parts covering it. I passed in a grooved needle, and let out some pus. It was an abscess. I then put in a seton; the walls were thick, and lay close to the bone; but they rapidly melted down, and the "tumour" disappeared.

The next case was that of a young woman who came to me with a large "tumour" of the side of the neck, of the size of a cocoa-nut, on which was an ulcerated surface as large as the palm of the hand. She told us that it had existed a year or two; that she had been to a medical practitioner, who pronounced it to be "cancer of the neck"; that she then went to a "cancer-curer", who used caustic to it; this gave her such intense pain, that she could not return to him, under which circumstances she applied to this hospital. When I examined the swelling, I felt some deep fluctuation. I inserted an exploring trocar, let out a considerable quantity of pus, enlarged the puncture, and put in a seton. The patient was well in a month. Now, had the "cancer-curer" penetrated half an inch more deeply with his caustics than he did, he would have had the credit of curing a cancer of the neck by opening an abscess.

The third case occurred very recently. An old man came here from the country with two cicatrices on the lower lip, which, he said, were the result of two operations for "cancer"; one twelve years ago, and the other a year and a half since. There was a large tumour beneath the angle of the jaw, which several London surgeons had told him was a return of cancer under the lower jaw, for which nothing could be done; and that he had better return home. This tumour appeared to me more elastic, and not so circumscribed, as secondary cancers usually are. I passed a grooved needle into it, and let out a drop or two of pus. I then laid open the tumour. An ounce and a half of thick yellow pus escaped. The wound granulated; the cyst filled; and the man left the hospital cured.

These cases are by no means uncommon. Abscesses, as well as other tumours of the breast, are frequently mistaken for cancer. Some years ago, on going by invitation to the house of a notorious "cancer-curer", whose practice was open to the profession, I saw among his patients a young woman twenty-three years of age, with a chronic mammary tumour of the breast. I said to him, "Do you call this a cancer?" His reply was, "Wal, I guess it was sent to me as one by a surgeon; and that's enough for me." And no doubt it was enough for him. That was the very thing that men of his class want—a simple tumour, pronounced to be cancerous. They remove it as a cancer, and get the credit of a "cure".

So far as the breast is concerned, for all purposes of surgical diagnosis, its tumours resolve themselves into two classes; first, the simple; second, the malignant. The simple non-malignant tumours again resolve themselves into three classes; first, *abscesses;* second, *cystic tumours;* third, *solid tumours* of various kinds. These are the distinctions you may establish for

the purposes of diagnosis. Now let us examine these different classes a little in detail.

First, with regard to the diagnosis of abscess. Now, there are four kinds of abscesses of the female breast; three of these are not difficult to distinguish as abscess; the fourth often is so. The first is the ordinary subcutaneous abscess between the skin and gland, generally near the areola; it is accompanied by the ordinary symptoms of phlegmonous and suppurative inflammation—heat, pain, and throbbing. There is usually no great difficulty in diagnosing this variety; it is often met with at the age of puberty, in consequence of the increased action set up about this time. It occurs alike in single or married females, and usually without any uterine complications. In the diagnosis of this subcutaneous abscess, error will, however, sometimes creep in. For instance, a gentleman of considerable professional skill and acquirement, one day brought a patient to my house with "a tumour of the breast", which he said would require removal. On examining the bosom, I found one of these subcutaneous abscesses, with a good deal of œdema around it. I retired with my friend into another room, told him my opinion, and proposed to open it there and then. "For God's sake," said he, "don't do that. I have said it was a 'tumour', and I shall get into a scrape if you open it." I told him not to make himself uneasy about that, for I would soon settle matters to his and to his patient's satisfaction. I accordingly told the lady that I was glad to say that an operation would not be necessary, as we should be able to bring the tumour "to a head", and so disperse it. I accordingly ordered some resin cerate to be applied; and in a week the abscess had burst, and there was an end of the "tumour", to the great satisfaction of all concerned.

Two other of these varieties of abscess are of an acute and phlegmonous character. The first, that in the substance of the mammary gland; the second, that which forms behind the gland, in the cellular tissue lying between it and the pectoral muscle. These abscesses generally occur during lactation; and, by coupling the acute phlegmonous symptoms with the presence of lactation, there can be very little difficulty in distinguishing them.

The fourth form is that most frequently confounded with solid tumour. It is the chronic, cold, encysted abscess of the breast. This is a sort of abscess which forms deeply in the mammary gland, slowly, and without any acute symptoms—usually, indeed, without any local symptoms at all. It is hard, deeply seated, and tolerably well circumscribed. This encysted abscess of the breast has been especially described by Sir A. Cooper and by Velpeau. Both these eminent surgeons record cases of it which have been mistaken and operated on for cancer. A story has been told me by a gentleman who was present, of a surgeon now dead, but one of the most eminent of the many great surgeons that France has produced, who, after lecturing to his class just before operating on a case of tumour of the breast, and explaining, with that minuteness of detail and that lucidity of arrangement which the French surgeons possess in so a high a degree, the reasons why the tumour he was about to remove could by no possibility be any but a scirrhus, made his first incision, when a gush of pus took place, and the supposed scirrhus was resolved into an encysted abscess, deeply seated under the mammary gland. Now this accident, happening as it did to one of the most eminent of his day, may occur to others of less professional experience; it has, to my knowledge, occurred six or eight times. But it may generally be avoided by attention to the history of the case, and especially to four points of diagnosis. These points, to which I would direct your special attention, are the following:—

1. Encysted abscess is invariably preceded by some uterine disturbance. You will find that the patient has lately been in the family way, and has either been delivered or has miscarried; or, if not pregnant, has suffered from some other uterine derangement—in most cases, however, of a parturient nature—a few weeks or months previously.

2. You generally find that the tumour, if an abscess, though hard and defined, is not distinctly circumscribed.

3. You almost invariably find—and this is a most important point—œdema of the subcutaneous cellular tissue, near the outer or under border of the gland.

4. There is also usually a spot on the surface of the tumour softer and more tender than the rest, possessing, perhaps, a certain degree of elasticity.

Now, by attention to these four points—namely, preexisting or concomitant uterine derangement, hard but non-circumscribed character of the swelling, the œdema around or beyond, and the soft tender point—you can rarely go wrong in making your diagnosis. In illustration of this, I will mention a case which occurred here some time ago. A woman, thirty-six years of age, miscarried the sixth or eighth week of her pregnancy. Eight months after this, she applied to the hospital for relief for a tumour of the breast. On examination, I found a circumscribed painless swelling deeply seated in or under the mammary gland. There had been no pain or throbbing in it, and there was no redness over it. At the lower border, there was a spot which felt doubtfully elastic. I made an exploratory puncture into this, and let out about an ounce and a half of creamy pus. A tent was then introduced; and the induration of the walls, which were excessively thick, gradually disappeared, as the wound healed by granulation.

Besides these chronic abscesses of the breast itself, you may get another class of cases; that is, abscess in the neighbourhood of this organ, quite unconnected with the mammary gland. If there is any doubt in your minds, after examining such a case, always put in an exploring needle or trocar; its puncture can do no harm, and it will always clear up the true nature of a doubtful case.

In the next lecture, we shall proceed to the diagnosis of cystic and simple solid tumours of the breast, from cancer of that organ.

Illustrations of HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

UNIVERSITY COLLEGE HOSPITAL.

SCROFULOUS DISEASE OF THE KNEE-JOINT: EXCISION: RECOVERY.

Under the care of R. Quain, Esq.

[*Reported by* W. L. Winterbotham, Esq., *House-Surgeon.*]

Henry S., aged 12, a pale looking scrofulous boy, with prominent forehead and light eyes and hair, was admitted into University College Hospital, under the care of Mr. Quain, June 25th, 1859. All the history that could be learnt of the complaint was that, up to October 1856, he was quite well; that he then fell and struck his right knee, causing it to swell and become very painful; and that this had continued to increase until his admission, when his state was as follows.

On examination, the right knee was found to be much enlarged (being an inch and a half more than the left in circumference), and much altered in shape. The leg was slightly flexed on the thigh, and neither the patella nor the depression at the side of the ligamentum patellæ could be distinguished. At the inner side, and above the articular surfaces, there were several openings, the largest of the size of a split pea, from which the patient stated that a great deal of yellowish matter had escaped, thereby, as he thought, somewhat diminishing the size of the joint. The enlargement felt bony, and was best marked over the situation of the condyles of the femur; so that it would appear that the increase in size was due to enlargement of the lower end of that bone. The patient suffered greatly from starting and jerking of the limb at night. The skin was cool; the tongue clean. He took his food pretty well. He was ordered cod-liver oil and good diet.

July 2nd. He had starting pains during the day. He slept pretty well. Lateral leather splints were applied to the joint.

July 7th. There was now some deformity on the outer part of the limb, as if the lower part of the leg were inclining away from the level of the femur towards that side, while over the lower part of the condyles there was tension, as if from fluid; but there was no effusion at the upper part of the joint. He had an attack of rigors last night. The odour from the joint was very offensive. He had no relish for his food. He was ordered five minims of dilute sulphuric acid, and five minims of tincture of opium, in half an ounce of water, twice daily.

July 14th. The joint was examined under chloroform, and an incision was made on the outer and upper part, which gave exit to a small quantity of pus. The part was poulticed.

July 20th. The discharge from the inner openings was profuse. There was great œdema of the foot, and tendency to dislocation outwards at the knee. The jerking pains were worse

than ever. Poultices were discontinued, and the leather splint was reapplied.

July 26th. *Operation.* Under chloroform, Mr. Quain proceeded to excise the joint in the usual manner, by making an H-shaped incision, and removing the patella and the ends of the femur and tibia. On removing the bones, the principal seat of disease, as had been anticipated, was found to be situated in the lower end of the femur; for, on cutting through the condyles, they proved to be softened and infiltrated with matter, there existing also a cavity, of the size of a hazel-nut, filled with dark puriform matter. The head of the tibia and the patella were comparatively healthy; but the cartilages of the joints generally were very much eroded, and, in some places, altogether destroyed. There was little hæmorrhage, but a good deal of oozing from the cut bones, which continued for some time. Several points of suture were applied, and the limb bandaged to a straight back splint, with foot-piece and side-flaps.

Aug. 1st. Since last note, the startings in the limb had continued as before the operation. Pressure was ordered to be made on the joint with plastic strapping and many tailed bandage. He continued to take full doses of opium at night.

Aug. 7th. The startings in the limb had completely gone since the pressure was applied. The discharge was healthier; the wound was closing.

Aug. 13th. He was going on well. He was ordered to have seven minims of sesquichloride of iron in a mixture twice a day. He took also full diet, and eight ounces of wine.

Aug. 23rd. The wound on the outer side was closing rapidly; that on the inner side still discharged a good deal. It was ordered to be injected with an astringent lotion. His iron was changed to quinine.

Sept. 5th. Pressure over the joint was increased by applying strips of moist calico. No osseous union had, as yet, taken place.

Oct. 5th. During the last month, the size of the joint had decreased at the rate of nearly half an inch in circumference per week. The wound on the outer side was nearly closed; that on the inner side was looking healthier, but still discharged.

Oct. 10th. A leather cap was fitted to the knee to give additional pressure.

Nov. 2nd. The wooden splint was now removed, and two leather splints, reaching the whole length of the limb, were applied; by this means the patient was enabled to get about, on crutches. The joint was now pretty firm, and the wounds were reduced to mere points.

Nov. 30th. By help of a wooden clog to his boot, the patient could now get about, bearing on the limb. His health was excellent. He was now discharged.

Remarks. In his clinical lecture on this case, Mr. Quain made the following observations:—

"I have seen the term conservative applied, in some publications, to the treatment of disease of which this case affords an example; but I could not adopt that term, without implying that some other surgical treatment is destructive. Now, the operation is often unsuccessful; the mortality being, according to Mr. Butcher, one in five. But the results of amputation of the thigh, as you will see in your text-books, are very unfavourable; thus, out of 143 cases, collected by Mr. Bryant (On Causes of Death after Amputation, *Medico-Chirurgical Trans.*, vol. xlii), 39 proved fatal, or 1 in 3·6, which he divides in the following way:—

	Fatality.
1. Pathological amputations.....	1 in 5·5
2. Amputations of expediency (deformities, etc.)	1 in 3·16
3. Primary amputations	1 in 1·5
4. Secondary amputations	1 in 1·33

"It is not, therefore, a question between an unfavourable and a successful operation, for the mortality is about the same in both (the present case coming under the head of 'pathological'); but rather whether such a limb, as the operation of excision will leave, will not be more useful to the patient than any mechanical contrivance: I think it will.

"The operation itself is by no means difficult to be performed; there is no nice dissection; no important parts are involved; no large vessel or nerve is divided—none is even laid bare. The great evil is, that so large a surface of bone is divided and exposed to the air. You know how seriously a case of broken bone is complicated if the fracture is what is called compound, *i. e.* the integuments broken, and the fractured bones exposed to the atmosphere.

"I believe that the result of a case in which this operation has been performed, depends mainly, so far as the surgeon is concerned, upon the management after the operation; hence, in this case, I took every precaution that I considered necessary. I entrusted the care of it to a gentleman who paid the utmost attention to the diet, to the management of the apparatus applied to the limb; and to his careful management throughout I am disposed to attribute, in a great measure, the success of the case.

"There was much difficulty in managing his diet. After the operation, he craved for oysters. Wine—as much as eight ounces daily—and some beer, formed the main part of his nutriment.

"The pain which he suffered was quieted by the free use of opium, in doses varying from five to fifteen minims. The apparatus first applied was a straight board reaching from near the pelvis to the end of the limb, with a footpiece at right angles, and side flaps. After the free suppuration had ceased, and when the healing process at the wound was far advanced, long lateral leather splints were adapted to the limb; by means of this apparatus and bandages, as firmly applied as could be borne, the swelling at the knee, which was very considerable, even when the cicatrisation was advanced, was steadily diminished. You now see that it is little more than its natural size; that the cicatrix is sound; that the position of the foot is the same as that of the opposite side, the difference being that there is a shortness of the operated limb of about an inch and a half, which, considering the stiffness of the limb, will rather favour than impede his walking."

[The patient was in the theatre when these remarks were made.]

Original Communications.

A SKETCH OF THE HISTORY OF THE SURGICAL MEANS FOR ARRESTING BLEEDING FROM ARTERIES.

By A. M. Edwards, F.R.C.S.E., Lecturer on Surgery.

[*From a Lecture delivered at a Conversazione of the Royal College of Physicians of Edinburgh.*]

Portal begins his celebrated *History of Anatomy and Surgery* with an apology for not stating the condition of these sciences before the Flood; it being, as he justly remarks, extremely difficult to separate fact from fiction in the traditions of those mysterious times. I must make the same apology. Neither shall I quote the tales of Podalirius and Machaon, and those names which bring our minds back to the old Grecian days; because we only hear of these renowned surgeons sprinkling styptics on wounds which, from the descriptions and the nature of the weapons inflicting them, seem to have been mere bleeding surfaces, or accompanied by that tearing and bruising which we know are so seldom followed by an excessive flow of blood. The very difference between arteries and veins, properly so called, not having been clearly defined till the time of Praxagoras, it is difficult to believe that there could have been any systematic method of arresting hæmorrhage before his time. Hippocrates, who lived more than a hundred and fifty years before Praxagoras, tells us that bleeding is stopped by fainting, position, obstructing the blood (elsewhere?), lint dressings, and bandaging. The obstructing was evidently accomplished in some way distinct from the bandaging otherwise alluded to. "Αἵματος φλεβῶν στάσεις, λειποθυμίη, σχῆμα, ἄλλη ἀπόληψις, μοτώματος ξυστοφόρη πρόσθεσις, ἐπίδεσις." About this passage there has been much dispute. Many commentators, as Littré, note, tome v, p. 337, "qu'il s'agit d'autres choses que d'hémorrhagies." Galen quotes it as an enumeration of means proper for arresting hæmorrhages. Palladius thinks ἄλλη ἀπόληψις applies either to some other means of arresting the flow of blood, or a peculiar proceeding, as ligature of the vessel wounded. Foës take the ἄλλη with σχῆμα, and renders ἀπόληψις ligature of the vessel. M. Rosenbaum proposes to read ἄλλη, ἄλλης jet, and to render the words "arrest of the jet" (by the apposition of the finger), as he doubts Hippocrates knowing of the ligature. Archigenes, the celebrated physician of Philip, King of Syria, who went to practise in Rome about A.D. 108, says, in a fragment preserved by Oribasius, that, before an amputation, the part is to be bound tightly with a bandage, or *the vessels bringing blood to the part* are to be sewn together (διαῤῥάπτω, to sew through or between); the

words are rendered by Cocchius "vel consuenda vasa sunt". This has been generally considered a direction to tie the cut vessels; but Dr. Charles Wilson has directed my attention to the end of the passage, where Archigenes desires the surgeon, after completing the separation, to cauterise the raw surface with a hot iron, which would have been hardly necessary if he tied the cut ends of the vessels; moreover, he specifies the vessels *bringing* the blood to the part, therefore he most probably alluded to some means for obstructing the main vessels above the seat of the incisions.

However, in those days they seldom amputated; and, when they did, they took care to confine their incisions to the dead parts, merely removing the gangrened mass, which, by its bulk and fœtor, had become a nuisance; their dread of bleeding preventing interference with the living tissues. Celsus, indeed, more bold than his contemporaries, advises cutting just at the confines between the dead and the living; saying, however, that amputations are accompanied by great danger of the patient's dying during the operation from excessive bleeding: and, from what we know of the variable condition of the vessels close to a gangrened part, we can easily understand how on one occasion the incisions might be almost bloodless, and on another pour out sufficient blood to submerge the resources of those days. Yet Celsus knew of the ligature; because, in his chapter on wounds, he tells us to take up the bleeding vessel, and, having *tied* it in two places, to divide between them; if this is not feasible, the part must be burnt with a hot iron.

The "hot iron" was in those days quite identified with surgery. A surgeon was one who cut a little, and burnt a great deal; with the hot iron he treated all diseases. Hippocrates himself tells us that, in his time, cauteries had no terrors for the patients; and that even those in health were occasionally fired. The nomadic Scythians got themselves cauterised on the temples, to counteract the disagreeable effects to the other end of their persons from their long and rough riding. This burning was the constant resource of the perplexed practitioner; but, in the fourth century, Oribasius expresses his distrust of cauteries; "they only", says he, "stop the bleeding for a time, and when the escar falls off it begins again more fiercely than before." But still he allows of their use in amputations. Time was evidently all they wanted; give them time, and I believe they would have tied the vessel much as we should now. When Paulus Ægineta cut into an aneurism, he tied the artery above and below the sac; when he cut off a gangrened limb, his incisions were limited to the dead parts. Albucasis, who lived towards the end of the eleventh and beginning of the twelfth century, mentions four ways of arresting hæmorrhage. 1. Cauterisation. 2. The entire section of the bleeding vessel, its ends then contracting and retracting into the surrounding tissues. 3. The ligature. 4. The clot which forms at the orifice of a cut artery. It is curious to find an Arabian in the twelfth century instructing his disciples in the contraction and retraction of the cut arterial walls, and in the formation of the clot; the credit of which observation is given generally to Petit, who lived five hundred years later. And yet we find Albucasis saying that he thinks one method as good as another; and that it is far more safe to perform even small operations with a red-hot knife.

When surgery had struggled on for more than a thousand years, although physicians had attained to great glory, the people had ceased to appreciate the surgical attributes of fire and steel. A statue of gold had been raised to Hippocrates, and men like Oribasius had considerable influence in the national affairs; but equally great men, such as Archagathus, had been banished because they burnt and cut their patients. Antonius Musa gained honour, and a statue of gold, when a physician; but no sooner did he dabble in surgery, than the sovereign people thought fit to stone him to death and drag his body through the city. The priesthood were alone safe; and they being by the Council of Tours in 1163 forbidden to shed blood, the journeymen butchers, who acted under them, have not left any records as to how bleeding should be stopped, until after the schools of Bologna and Salerno began to send anatomists through the world.

Constantinus describes false aneurism as a frequent result of bleeding at the arm; and advises that pressure should be used on the ends of the divided vessel. Brunus of Padua applied a ligature to the cord when he performed castration. Lanfranc, a pupil of William of Salicetus, the first to disregard the veto of the Council of Tours, speaks of the hæmorrhages from wounds, and tells us that the blood issues in jets from an artery, but has a continuous flow when from a vein. "In either case the surgeon ought to put his finger over the opening in the vessel, and keep it there for an hour, thus giving the blood time to form a clot; after that, he is to use a powder made of incense, aloes, and hare's fur cut small, mixed with white of egg." This, he says, is a marvellous remedy, not only staying the blood, but healing the wound; if in spite of this, however, the bleeding should continue, then the vessel should be tied, as he had himself successfully tied the brachial of a young Milanese. In the fourteenth century, the cautery was again the favourite remedy. Each surgeon of repute had his own fashion of instrument. "William of Salicetus used six or eight forms of the cautery; Henricus seven; Lanfranc ten; and", says Guy de Chauliac, "*I* have only six."

In 1503, Bologninus says: "The hot iron is too harsh a remedy for the patient, who, if he submits to it *once*, out of politeness to his medical adviser, won't stand a second application of it; but", says he, "I have a *potential* cautery I got from my father. Here it is; take three drachms of litharge, hæmatite, and Roman vitriol, with two drachms of corrosive sublimate. This is invariably successful."

In the sixteenth century lived John de Vigo, chief surgeon to Pope Julius II. He tells that, amputation being the only remedy for gangrene, you are to perform it with a well set razor; cut the flesh down to the bone, which you are to saw through; and then cauterise the raw surfaces with a hot iron. He suggests several other means for stopping hæmorrage from wounds, as styptics, and the ligature. The latter he does not seem to have used himself; but he says, "some are accustomed to *tie the veins and arteries with a needle and thread*, with which they constrict the walls of the vessel."

In 1534, Alphonsus Ferrius, a celebrated Italian physician, published his book on wounds: he was a man of great experience, and his works bear the impression of a practised hand. He says: "When there is bleeding from a wound, stop it with caustics; if they fail, use the ligature. And the best caustic is made with two ounces of aloes, four of mastick, and one of hare's fur, made into a paste with white of egg. Cut this paste into several pieces, and add to each ounce a drachm of corrosive sublimate to make it a caustic. Put a little piece over each bleeding vessel, and the hæmorrhage, if not *very* severe, will stop. But, if the cut vessel be of large size, the *ligature alone* can arrest it; and you must use it thus. Pass a thread, by means of a curved needle several finger-breadths long, pointed at one end, through the flesh, and, tying the thread tightly, you constrict the vessel."

This method was commonly practised in the sixteenth century. In 1563, Thomas Gale published in London his *Enchiridion of Chirurgerie*. He says: "To stay the flux of blood from a great vein or artery, we thrust a needle through that vessel, and knit the same with a thried; then draw out the needle, and the thried hang out so long until it falleth away... 'You may also attempt to stay the flux of blood with bending the contrary side to the place wounded, or with letting of blood in another place, whereby there is diversion of the flux. If these suffice not, then you must apply causticke powderes, as arsenicum sublimatum, unslaked lime, and such like. And the cure that is here spoken of vaines, is also to be understand of arteries; and, the way to know whether a vaine or artery is wounded by the issuing out of blood. For, from a cut artery the blood cometh leping and springing out with sume staye according to the dilatation and compressyon of the artery." Gale had been with Henry VIII's army at Montreuil in 1544, and with that of Philip of Spain, Queen Mary's husband, in 1557, at the siege of St. Quintin. He does not specially mention tying the vessels after amputation, and prefers his "causticke powders" to the hot irons, which, he says, "sore feared the people, so that many would rather dye with the member on than abyd by the terrible fire, by means whereof many perished."

To do them justice, however, they had great delicacy about these instruments of torture. "Your patient", says Turner, "especially if a woman or child, or a woman with child, should never be allowed to see or know of your irons."

When we consider that Gale and his contemporaries passed their "thried" under the vessel, including more or less of the surrounding tissues, and that they had no idea of its being able to do more than mechanically constrict the canal; and, as serious results must have resulted now and then from such a coarse proceeding, it does not surprise us that they looked upon the ligature as a simple and obvious device, but a barbarous and dangerous practice, fitted only for emergencies.

In the early part of the sixteenth century, however, a wholesome competition was beginning in Paris between the surgeons of the Long Robe, who were Masters of Arts, and those of the

Short Robe, who had been originally barbers, and who, from bleeding and tooth-drawing, had ventured on the more important operations. They were also granted the title of barber-surgeons, to distinguish them from their more dignified but less practical brethren of St. Côme. In Italy, where one might have expected better things, only nine years after Ferrius had published his famous work upon wounds, recommending the ligature, Blondus published in the same town (Naples) a work enlarging upon the frightful dangers of hæmorrhage, and recommending, as a styptic, a paste made of equal parts of bole Armenian, vitriol, hare's fur, verdegris, incense, cobwebs, etc., etc.; quoting Ferrius largely, but never alluding to the ligature.

But Ambrose Paré, the future champion of this, the simplest and the best of our surgical instruments, at this time arrived in Paris, and joined the Barber-Surgeons' Company. He followed the French army into the field in more than one campaign, and early showed an aptitude for his calling. "And the physicians admired me, to see me so ready in the operation of chirurgery, seeing the small age I had." Whenever he met with one possessing some reputed specific, he managed to obtain it from him. At Thurin, he found a chirurgeon who had fame above all others for curing of gun-shot wounds. "After keeping me off for two years, in the end by gifts and presents he gave it to me: it was this, to boyle young whelpes new pupped in oyl of lillies, prepared earth-worms and turpentine of Venice. Having obtained this receipt of his baume, I was joyful, and my heart was glad."*

Paré soon found that cauteries were not available in military as in civil practice. "In the assault of a city, where diverse soldiers have had arms and legs shot off by bullets, cutlasses, or other instruments of warre, if you should use hot irons to stay the fluxe of blood, it would be needful to have a forge and much coals to heat them." And he adds, "The souldiers would hold you in such horror, that they would kill you like a calf." Influenced by these motives, and having read John de Vigo's book, he adopted the plan of tying the arteries; and, on his return to France, advocated its being generally used instead of the cautery. He gives the following directions for amputating:—"Drawing the muscles upwards to the sound parts, let them be tied with a straighte ligature a little above that place of the member that is to be cut off with a strong and broad fillet, like that which women use to tie up their hair withall. This hath a twofold use: first, it holds up the muscle with the skin; second, it prohibits the fluxe of blood. When you have made your ligature, cut the flesh even to the bone with a sharp and well cutting knife; when you shall come to the bone, you shall nimbly divide it with a little saw. When you have taken away the member, the ends of the vessels lying hid in the flesh must be drawn with this instrument (a forceps) forth of the muscles; and when you have so drawn them forth, bind them with a strong double thread."

As is well known, this innovation in practice brought the surgeons of the long robe down upon Paré; and pamphlets were published showing "how arrogant and indiscreet a person he was to blame and condemn the cauterising of vessels after the amputation of a rotten and corrupt member, which had been much praised by the ancients."

Paré had no theory by which to explain the advantages of the ligature; and it became a mere question of experience. So he demonstrated his method to the fraternity in Paris, and published the cases. "In the year 1583, a man, having his leg all ulcered, prayed me for the honour of God to cut it off; so, after his body was prepared, I caused his leg to be cut off four finger breadths below the knee by one of my servants, to embolden him in such works. The vessels were easily tied, in presence of John Charbonell, Master Barber-Chirurgeon of Paris. He was well cured, God be praised; and is returned home to his house with a wooden leg." The heads of Colleges took it very ill that one little better than "un vil barbier" should so vigorously advance his views on any subject, and they entreated the public not to listen to one who, it was clear, could know nothing of the subject, as he was ignorant of Latin. They ran him very hard; and he turned at last on his chief persecutor, Gourmelin, saying, "Have I not studied long in the hospitals? Have I not been in many battles, and shut up with many wounded men in besieged towns? And how dare such a man as you, who have never made surgery a part of your study, talk of teaching me? . . . . Ah! you ought not to speak unluckily of one who all his life hath preferred the profit of the commonwealth to his own particular?"

How fortunate for him was all this persecution! He is now very generally considered the discoverer of the ligature; while we have seen that it was in use from the earliest times. No doubt, his is the first special mention of it, as applied to amputations; but such an obvious method of closing a compressible tube as tying it must have existed ever since the blood-vessels of man were subject to accident, and there was any material for a ligature.

While Paré was fighting for the ligature in Paris, Maggius was advancing very different doctrine at Bologna—namely, that after an amputation you should dip the stump in boiling oil, either by itself or mixed with melted sulphur. He modified the steps of the operation. "The modern surgeons," he says, "with an instrument which has the form of a large knife, cut and burn the flesh, veins, and arteries, at the same time. But *we cut* the soft parts with a sharp knife, and then insert an instrument like a scythe into the wound, with which we press on the bleeding surfaces till the bone is sawn through, after that we burn the ends of the vessels with irons having olive or globular extremities; then spread over the wound gums fit for holding wounds together." He is very strong against the red-hot knife used by his contemporaries. "If I were otherwise," says he, "I should be flying in the face of Celsus, contradicting Galen, and making Hippocrates, the father of physic, tell a lie." He mentions that, notwithstanding their tight bandaging when the amputation was completed, blood gushed from the veins and arteries in great quantities. Maggius' treatment of bleeding stumps, by placing heavy dressing on them, and then drawing the skin tightly over the end, shows that surgeons were now beginning to depend to some extent on *immediate* pressure. In support of this treatment, he alludes to the custom of the Venetian lictors, who, when about to cut off the hand of a criminal, first drew up the skin as much as possible, and, after dismembering, drew it as tightly down, then sticking the bleeding stump into the belly of a dying fowl. Dr. Balfour tells me that he has seen, in China, a living pigeon split up, and applied to a cut throat.

In England, the surgical customs with regard to hæmorrhage were probably imported from Italy. The resemblance of Gale's remarks on the needle to those of Ferrius must have been remarked; and, moreover, the English chirurgeons were not remarkable for originality. John Bannister, of London, in 1578, when recommending his book "to all godly surgeons," says, "it is sucked from the sappe of the most approved anatomists."

There was nowhere, at this date, an efficient tourniquet; and yet so anxious were they to be independent of the cautery that occasionally they tried Guy de Chauliac's method of inducing gangrene by tight bandages, so that the limbs dropped off, and immediate pressure by some waterpoof material, as a bullock's bladder pulled, tightly over the stump. In 1600, Fabricius (ab Aquapendente) thus describes removing the female breast:—"When it is moveable, it must be amputated. I seize it with pincers, and cut the breast off with one stroke of a red-hot knife. This method is painful; if the cancer be adherent, and you cannot pull it up, you must cut it with a sharpened piece of horn or wood, dipped, in order to prevent bleeding, in the fluid by which artificers separate gold from silver, called by the vulgar aqua fortis. Having cut the skin through with this all round the gland, dig the latter out with your nails." This surgeon sometimes burnt off limbs rather than risk a possibly fatal hæmorrhage. At this date, too, Severinus was using the actual cautery, first applying to the raw surfaces alum and white of egg. At this time, too, the doctrine of the sympathetic powders was in vogue, and Becker, first physician to the Elector of Brandenburg, wrote a thick book on its mysterious virtues.

In 1676, Wiseman makes this remark—"If you work (amputate) there by actual cautery with a hot knife, your knife will stick fast in the flesh till the moisture be wholly dried up, and then you must repeat many knives and cauteries, with every one of which you will meet with the same inconvenience. Yea, before you can cut through with your hot knife it is very probable that you will near the bone meet with some parts that are alive and sensible." He amputated two fingers' breadths above the gangrened part thus:—"The member is to be supported by some one, whilst another standeth behind the patient, and draweth up the skin and musculous flesh." The ligature was placed round the limb by him, apparently as a tourniquet. "Other chirurgeons in our city (London) omit it; they only make a turn with a tape, pinning it on as a mark to circumcide by. And, instead of the ligature, I propose they make a *gripe*, which gripe is commonly made by some assistant who hath strength to do it. . . . I never yet saw any man so gripe

* I quote from the early English edition of his works.

but that still the artery bled with a greater force than was allowable; yea, when Mr. Woodall griped, who was so applauded, and in truth *made* for the work. And then," says he, "what if the long griping tires the griper?" After the amputation, "you are at liberty, whether you will cauterise the vessels by a button cautery, or by ligature stop the bleeding, or by agglutination. The use of chalcanthum I do not approve."

The way Hildanus proposes, by drawing the vessels out by a forceps, is not a work to be done in the heat of fight, nor without a clear daylight. "Ambrose Parè proposes a more easie and sure way of deligation, by passing a needle with a strong twisted thread through the skin near the great vessells, making your stitch over the said vessels by piercing through the raw flesh and skin. Then make your ligature on the fold of a rag; thus you bind the artery and vein."

In 1685, we find the great Dutchman Anthony Nuck condemning the ligature, and recommending the puff-ball mushroom for the bleeding in amputations; the efficiency of this remedy depending mainly on the manner in which it was piled up over the bleeding vessels, and on the tight bandages which fixed it. In 1784, a French army surgeon, Morel, seeing how carriers tightened the ropes fastening bales of goods on their carts, applied the principle in surgery. This father of all tourniquets was simple enough, consisting merely of a pad stuffed with hair, a strong bandage, an ell and a half long, a stick of rough wood, and a piece of leather with on each side a cut for the passage of the bandage. With the stick he twisted the bandage tight, and thus obtained the desired power over the circulation; his apparatus continued in use till Louis Petit invented another. Notwithstanding all this, Verduc, a celebrated surgeon of Toulouse, eleven years after Morel's invention, amputated with a block, a mallet, and a chisel, cauterising the vessels with a small iron.

In 1698, John Coldbatch, a London physician, published his *Novum Lumen Chirurgicum*. He had followed the army in Flanders four years before, and his book gives us a good idea of the surgical practice in his day. Like his brethren, he had wonderful nostrums of his own to recommend; and he does so the more confidently "as, after bleeding from wounds, not one in ten recovers in the common methods of the chirurgeons. When any large blood-vessel is wounded, the flux of blood cannot be stopped by them without either actual or potential cauteries, and they are not to be trusted without very strict bandage, which always, or at least for the most part, causeth mortifications, and loss of limbs and life;" whereas he (Coldbatch) "merely maketh a solution of his powder in water, for want of which he sometimes useth urine; and having applied the said solution to the wound, he keeps his hand over any large artery that may be cut, till the flux of blood ceaseth."

We can form some idea of the practice from this case:—

"Mr. Lorridge, a lieutenant in the Honorable Brigadier Lumley's regiment, received a slight wound under the right armpit; the axillary artery being pricked, the blood from which was soon stopped or rather pent in by Mr. English, chirurgeon to the regiment. After a month, he had a fresh flux of blood, and, from what I saw in his bed and his breeches, he lost seven or eight pounds of blood. The surgeon's mate stopped it with a very straight bandage; but it beginning again, the most eminent surgeons were about five hours endeavouring to stop the flux of blood, but could not, though using many hot irons. I found him in a most deplorable condition; his arm swelled up in a most prodigious manner from the bandage," and the *novum lumen chirurgicum* only arrived in time to light him out of the world.

Coldbatch was allowed by Mr. Cooper to experiment on some amputation cases, at St. Bartholomew's, before about thirty doctors; upon which occasion he confesses that "several applications had to be made before the fluxes could be stopped. But after our patients were dressed, we all went to the tavern and spent the evening in very great satisfaction at what we had done."

His treatment resembled that of the sympathetic doctors; adjusting the parts carefully, using water dressing, and keeping up the patient's strength with good living and wine. "Any wine is good," says Coldbatch, "but *old hock* I find best."

Returning to the continent, we find, in 1696, Peter Verduin, of Amsterdam, amputating with a flap, and using a sort of retinaculum to press on the stump, which, he says, saved the trouble of securing the vessels.

The first real advance towards a thorough knowledge of hæmostatics was made in the year 1700, by a Scotsman, James Kiel, who, after travelling on the continent, settled in Northampton. He gives a clear account of the three tunics of an artery, and how they depend for support upon the small vessels of the outer coat. He died from cancer of the lip, aged 46, and in the meanwhile the ligature had almost died out. When Valsalva endeavoured to revive it in 1704, most men had quite forgotten it.

In the beginning of the eighteenth century, surgeons, disgusted with the hot irons, and afraid of the ligature, were more in favour of immediate pressure, which was apparently perfected for amputation in Petit's screw-tourniquet for pressing on the end of a stump.

But superstition, or whatever it is called, influenced the public at this time. They took to amulets made out of the right ear of an ass; they tried to act on the imagination by tying live toads under the armpits and the soles of the feet. As of old, they attempted to divert the flow of blood by bleeding in some distant part of the body, by cupping, or by strong frictions, as Gale recommended. At other times, they endeavoured to retain a reserve fund of blood by tightly bandaging the upper part of one leg or arm. The more practical, desiring immediate pressure, set about obtaining it by the most extraordinary means. Hares' fur and cobwebs had lost their influence, and were superseded by the moss scraped from dead men's skulls. "Common moss," says Wolfius, "is of no use, and that which grows in the skulls of criminals (*crania suspensorum*) is of most service to the physician," especially if the scraper had been used in some murderous deed. Styptics, generally caustic solutions, appeared from time to time. The *eau de rabell*, so famous in France and Germany, was merely strong sulphuric acid and spirits of wine.

In the reign of Charles the Second, Mr. Dennis's essence made a great noise, and he was desired, not without a princely reward, to communicate his secret. It was prepared in the royal laboratory, and used with great applause as the stypticum regis; but afterwards, the secret taking air, it turned out a most painful and violent caustic, at the same time quite ineffectual as a styptic.

In 1737, Anel revived a styptic that had been ushered in with great pomp in 1674, by Yonge, an English surgeon, in the *Currus Triumphalis, or the admirable virtues of Oleum Terebinthinæ*. It is still in use, and I believe is a very excellent styptic for bleeding surfaces. The good things imported into England at all events stayed there. So far back as 1682, Dr. Salmon directs that if the flux from an artery be great, the best way will be to cut it in two, and then cauterise it with a button of vitriol, or else take it up and tie it, and then cauterise it. Agaric was a favourite application till 1755, when Parker advised that the ligature should be substituted for it; and in 1757 it was brought before the Academy of Paris. That learned body reported that there was nothing very specific in its virtues, as it required to be applied to the vessel with great and accurate compression, which, they suggest, may possibly have as much effect as the intrinsic qualities of the agaric itself, and they seemed to think that scraped lint would do nearly as well. It was used in the form of small balls, which were pressed on the vessels.*

In 1757, Lawrence Heister frequently alludes to this immediate pressure. "If," says he, "you wound the brachial artery when bleeding from the arm, do not get confused by fear, lest the patient or his attendants suspect your error; tell the patient his blood is so hot and redundant, that a large evacuation is necessary. Let him bleed till he faints; and then, when neither he nor his attendants are minding you, place a farthing or some other piece of money in the folds of a compress, and bandage it on the arm, signifying to the bystanders that the patient's blood is so rapid and ardent that it cannot well be restrained without this particular deligation. Thus, perhaps, your error may escape unsuspected; and, if you haven't got a farthing, a lump of brown paper chewed in your mouth will do as well."

In giving directions concerning amputation, he desires the surgeon not only to have his forceps ready for the arteries, but also bits of blue vitriol wrapped upon lint or cotton, astringent

* MM. de la Fage, Hoin, et Moreau, s'en sont servis très-utilement dans l'opération de l'anneurisme au bras, sans avoir lié l'artère. M. Andoillé l'a employé de même, dans deux cas pareils; et a réussi dans plusieurs amputations de la jambe. Mais l'on pourroit dire que l'agaric appliqué à la jambe, à l'avant bras, même au bras, n'a rien si merveilleux pour arrêter les hémorrhagies; parceque que le topique ayant besoin d'une compression sûre pour avoir son effet, cette compression nécessaire pour l'application utile de l'agaric, peut contribuer à arrêter l'hémorrhagie presqu'autant que l'agaric même. In 1754, Mason, a London surgeon, showed that it was an old remedy, and published "An extract from an ancient treatise on surgery, quoting a work published by Fœlix Wurtzer, at Basle, in 1612, recommending bovista or lycoperdon." (*Histoire de l'Académie Royale de Chirurgie*, tome iii, 1757.)

powders to stop the hæmorrhage, and a piece of the fungus called *lupi crepitus*, or puff-ball. However, he desires also that the tourniquet (Morel's) should be in use, with a stick which an assistant held behind the operator, at his desire turning off or on the stream of blood.

It is evident that Heister tied the larger vessels only, and stopped bleeding from the smaller by caustics and compresses. One would imagine that, having a tourniquet to give them time, and ligatures for securing the vessels, surgeons required nothing more; but they still wavered from one remedy to another, as accident, or caprice, or opportunity influenced them. They could not explain why the ligature should be the most efficient means; and, indeed, it had the disadvantage of a foreign body left in the wound. Dessault first remarked that the internal coat of an artery was cut by a ligature tightly applied to it, but he made no practical use of this observation.

We have seen, in the end of the seventeenth century, John Kiel, a Scotchman, endeavouring to elucidate the subject of hæmostatics by careful study of the arterial tube itself. And in later times, a Scotsman, Dr. Thomson of Edinburgh, demonstrated to Dr. Jones the effects of a ligature upon the arterial walls and the process of repair after they are injured. These are now universally known; and ever since surgeons have been given these good reasons for the greater efficiency of the ligature, they have become as constant to it as before they were fickle. It is now the rule, and not the exceptional practice. No real surgeon now dreads bleeding from any vessel, if it be within his reach and he can cast a noose round it; but he no longer, like Ferrius, includes the surrounding flesh, or, like Dessault, the adjacent vein; nor does he limit the practice to the larger arteries, but, isolating any vessel inclined to bleed, he ties it alone, knowing that even the smallest has in itself the real materials for its own repair.

Many devices have appeared from time to time, with the object of avoiding the ligature's only drawback—the foreign body in the wound, and the small slough contained in its noose. Torsion of the vessel, so as to divide the inner and middle coats, and leave the outer lacerated like a hood over the mouth of the vessel till inflammatory changes in the others have taken place, had its turn, and won a share of popular favour. But the amount of twisting to which we must subject an artery of any size, kills the part so twisted, and it is thrown off as the little slough is which we draw out with the ligature. From time to time the material of the latter has been altered.

The ancient practice of using metallic threads, revived by Levret in 1829, and now so generally employed for sutures, has not in this country extended to their use as ligatures; indeed, they would only avoid one drawback of the silk, or hemp, or other ligature; the sloughing part of the vessel would still have to be thrown off.

The most important novelty in the means for arresting bleeding, is Professor Simpson's acupressure—wedging the vessel between its surrounding tissues and a pin introduced from the skin surface of a flap, and removing the pin in from twenty-four to forty-eight hours. The great advantages to the wound of removing any foreign body from within it at such an early period are obvious. And I can bear witness, from cases treated under my own notice by this method, to the ease with which the pins are applied, their efficiency in arresting bleeding, not only from the main vessels, but from oozing surfaces, and the saving of time in the cure from the causes above mentioned.

Substances found in Snow. It would seem, from a paper read before the Academy of Sciences on March 5th by M. Pouchet, that snow is not so pure as is generally supposed. He there stated that he had made a special examination of some snow collected on March 24th at Rouen, and had there found the following substances:—particles of carbon from smoke; starch-granules (of which some were observed to be coloured blue, as by iodine); a green organic matter, sometimes in irregular plates, sometimes in ovoid granules; granules of silica and of calcareous matter; encysted infusoria or ova, bacillaria, etc.; grains of pollen; jointed filament of equisetum (?); spores of lycoperdon (?); filaments of wool, etc. M. Pouchet, however, did not find, at least in any number, sporules of plants or animal ova. This latter statement has a bearing on some observations which M. Pouchet has been lately making on the subject of the spontaneous or non-spontaneous development of the simpler forms of organised beings.

Progress of Medical Science:
AT HOME AND ABROAD.

OPHTHALMIC SURGERY.

LOCALISED GALVANISM AS A REMEDY FOR THE PHOTOPHOBIA OF STRUMOUS OPHTHALMIA.

We reprint from the *American Journal of Medical Sciences* for January 1860 an interesting paper by Dr. Addinell Hewson, of Philadelphia:—

Intense photophobia constitutes the most prominent and characteristic symptom of the ophthalmia of strumous children, and is undoubtedly one of the chief causes of the obstinate and troublesome character of the diseases of the eyes in that class. The constant avoidance of the daylight, and, consequently of fresh air, both of which are so essential to overcome the peculiar constitutional taint of such cases, and the incessant fomentation to which they subject their eyes by burying them in their pillows, clothes, or handkerchiefs saturated with their tears and perspiration, for days, weeks and even months together, not only tend to aggravate all the symptoms of the disease, but to protract them indefinitely, and, in many instances, to render the eyes incurable.

In the poor children brought to the dispensaries connected with the ophthalmic hospitals, the early relief of this symptom is of the utmost importance. Amongst them, the worst cases are those who have intemperate parents, and who are, consequently, neglected and exposed to the worst hygienic influences. For such it is worse than useless to prescribe iron, bark, cod-liver oil, and other eutrophics, to be administered at home, for much valuable time will be lost waiting for the benefits expected to be derived from such remedies, as they will scarcely ever be given. Even the injunction to keep the child's face uncovered, and to give it fresh air to breathe, will not be attended to. Indeed, I am firmly convinced, from no little observation in the matter, that whatever benefit is to be derived from attempts to treat these cases at their homes, must be by remedies applied or administered by the medical attendant himself. I have, therefore, always tried by means of local applications, to afford them as early relief as possible from this photophobia, so that they would, of their own accord, seek the *light* and *air*, the best remedies within their reach at home for their recovery, and I have always found improvement in all the other symptoms to follow the relief of this one. Even in private practice, and amongst the best classes, where every comfort, luxury, and attention that wealth can command are brought into requisition, we often meet with cases which seem to receive no benefit for weeks or months, but, on the contrary, grow worse notwithstanding the most faithful and skilful use of a great variety of constitutional remedies, until the photophobia is relieved by remedies applied especially for that purpose, when the child will begin to run about, and its convalescence become rapidly confirmed. The question might be asked here, Is not the abatement of the photophobia in the latter cases rather the first sign of the yielding of the disease to constitutional remedies, or in the former the result of improved health? In many instances of strumous ophthalmia, such may be the case, but not so in the instances to which I have reference; for I refer to those in which the health was steadily failing in spite of constitutional remedies, or in consequence of the administration of such remedies being neglected, and in which the relief of the photophobia followed so rapidly the use of special remedies directed for that purpose, as to leave no doubt of the cause of such relief or of the *modus operandi* of the remedies. My impressions of the good effects of these remedies have been so strong as to induce me to test them very critically for several years. I have thus tried blisters and tincture of iodine to the forehead and temples, vapours of various kinds (especially that of muriate of ammonia) directly to the eye, local and general anæsthesia, belladonna, and a variety of other articles. The benefits to be derived from the most, at least, of these remedies, have long been known to the profession. I shall, therefore, not comment upon them at present, but on the contrary, confine myself to a brief exposition of the results which I have obtained from another remedy, the application of which I believe to be altogether novel. I refer to galvanism localised to the supra-orbital branch of the fifth pair of nerves, which has thus far proved to be the most efficient remedy I

have ever used for this distressing symptom. I discovered this effect of galvanism during the early part of the last summer, whilst initiating some investigations on its usefulness in the treatment of ulcers, opacities, and other manifestations of impaired nutrition of the cornea, which investigations I was led to make on purely theoretical grounds of the well known influence of the fifth pair of nerves over the nutrition of the cornea, so admirably demonstrated by Magendie many years since.

I am not aware that this peculiar effect of galvanism in the photophobia of strumous ophthalmia has ever been noticed before, nor do I know that galvanism has ever been employed as I have employed it, in the treatment of opacities and ulcers of the cornea; I therefore propose making known the results of my trials of it for both these purposes, and shall do so in two separate communications, for these two sets of symptoms of strumous ophthalmia are not necessarialy dependent on each other for their intensity, and I have obtained decided benefit from galvanism in removing the physical effects of disease in the cornea where there was no photophobia present. I will, therefore, make the consideration of the latter influence of galvanism the subject of a future communication, and shall reserve for this future communication the details of the cases, even, which furnish the material of the present paper; for in all these there were lesions of the cornea which were treated after the relief of the photophobia by this same agent, and their details will be of more interest in that connection.

As it is also my desire to occupy the attention of the profession with only what has proved to be a remedy of very positive value for photophobia in my hands, I shall merely give here the results of my trials with the direct current of galvanism or chemical electricity, for I have tried the induced current of the magneto-electrical apparatus for the same purpose, but not with as satisfactory results. Had the results with the induced current been the same, the intensity of the pain attending its application in the feeblest form to the supra-orbital nerve would render its use decidedly objectionable. To the direct current of galvanism there is no such objection, as the only sensation attending its application when properly localised, is that of a faint quivering or flashing of light resembling more than anything else the feeble sheet lightning of a hot summer's evening, and which proved rather a diversion than otherwise to many of my little patients.

The form of apparatus employed by me in all the experiments referred to in this paper, was the Pulvermacher's chain battery of sixty links, with ordinary vinegar as the chemical agent. The electricity from this I applied by moist conductors, which consisted of brass rods six inches long, slightly curved and surmounted at one end with a wooden handle, and at the other with a small brass cup, filled with wet sponge. These conductors were hooked to the ends of the chain, which constitute the poles of the battery, and I applied the sponge of the one attached to the negative pole to the skin over the supra-orbital foramen, whilst I made frequent contacts with the sponge of the other to the skin of the forehead at various points. These applications were generally made at intervals of three or four days, and only for a minute or two each time; and I would caution all who may resort to galvanism for these purposes not to attempt its too frequent or protracted use, or to use it in too great strength, for there is danger of permanent injury to the retina from such uses of it, as has been pointed out by Dr. Duchenne. It may, however, be used with safety more frequently than above stated. I have myself used it in private practice every day, and my sole reason for only using it at the intervals above stated, was one of convenience, as those were the intervals between my clinic days (Mondays and Fridays) at the hospital.

My reasons for employing Pulvermacher's battery were that (notwithstanding its well known want of constancy of action), the facility of its application, and its comparative cleanliness made it far preferable for my clinical purposes to any other apparatus known to me.

In order that I might give this agent a fair trial, I suspended all previous treatment (for most had been under treatment), both local and constitutional, before beginning with it, and I avoided all cases which had been improving under such treatment.

I have thus tested it in thirty-two cases at the clinic of Wills Hospital, in which photophobia was a prominent symptom. In all these the strumous diathesis was well marked, and the part essentially diseased was the cornea. The ages of these patients ranged from one to sixteen years. Nineteen of them were females, and thirteen males. In nine, the photophobia was *intense*, in twenty-one it was *considerable*, and in only two was it *slight*.

In all but three of these thirty-two cases, there was decided and immediate benefit following the very first application of the galvanism. These three exceptional cases were all of intense photophobia. In one of them the child (two years of age) was of German parents who could not understand English, and, owing to my ignorance of German, I could not satisfy myself on their return that there had been any improvement in the case. In the second, I discovered, after the child had been taken away, that my battery was not acting, and I was, therefore, prepared for the unfavourable report I got. In the third, I have no note of any circumstance by which I can explain the failure of the first application, and must, therefore, admit it as a negative result, although I believe the fault to have been in the battery. In all these three exceptional cases, there were, however, unmistakable signs of improvement on the second application.

In all the instances where benefit followed the application, it was immediate, and was generally noticeable before the child left the institution, or was observed by its parents on the way home. The benefit was also more or less permanent. I say more or less permanent, for I have notes of the fact that in two instances the children's parents did not think they bore the light as well on their way to the hospital for a second application as they did immediately on going home after the first, although there was evidently still some improvement in both the cases.

In not one single instance of strumous ophthalmia, have I noticed any bad effects, or heard any complaints of its producing any injury to the eye.

The following is an abstract of the results I have obtained in these thirty-two cases.

Of the nine cases in which the photophobia is specified as having been intense, two (both cases of pustular corneitis) were so very much relieved by the first application, that they were out of doors the next day, playing about in the strong sunlight; three were relieved, and only one improved by the first application (this single case was relieved by the second application), three (explained before) were not apparently affected by the first application, but improved by the second, and decidedly relieved by the third.

Of the twenty-one where the photophobia was *considerable*, ten were relieved by the first application, and eleven only improved, but relieved by the second. Of the two in which this symptom was but *slight*, both were cured, one by the first, the other by the second application.

As the subsequent improvement of the photophobia in all these cases might be thought to be dependent on the abatement of the physical effects of the disease which occurred rapidly after the second application, I shall not trace this effect of the galvanism any further in these cases for the present, especially as I think I have already furnished ample proof of the good it is capable of doing for photophobia, which was the sole object of the present communication.

FORMATION OF ARTIFICIAL PUPIL BY IRIDDESIS.

In the British Medical Journal for April 2nd, 1859, p. 275, we noticed an operation which had been proposed by Mr. Critchett for the formation of artificial pupil. It consisted in drawing a portion of the iris through a small wound in the cornea, and tying it with a fine loop of silk. The advantages of the operation were, as stated by Mr. Critchett, that the fibres of the iris were not torn or divided; that the pupil was merely altered in shape and position, retaining a definite size and boundary, and contracting under the influence of light; and that it was possible by this method to regulate very exactly the size and position of the pupils.

In the *Ophthalmic Hospital Reports* for October 1859, Mr. Critchett returns to the subject, with the view of pointing out some modifications, and of describing cases in which he has employed the proceeding beneficially. The following description, which we extract from Mr. Crichett's paper, shows the modifications which he has found it advisable to adopt:—

In order to perform this operation with the requisite amount of minuteness and precision, a perfectly quiet state on the part of the patient is important. Except in rare cases this is best accomplished by the use of chloroform. The eye having been exposed by means of the wire speculum, and fixed in a convenient position, a broad needle must be entered close to the junction of the cornea and sclerotic, and an opening made just

of sufficient size to admit the cannula forceps. A small loop of fine floss silk, moistened, must then be laid on the eye over the opening in the cornea. The cannula forceps is then introduced through the loop and the opening in the cornea into the anterior chamber. The iris is then seized about midway between the ciliary and pupillary margin, or sometimes, if possible, rather nearer to the ciliary margin, and drawn out to the requisite extent. An assistant seizes the two ends of the loop with small broad-ended forceps, and carefully ties it upon the eye, so as to include and strangulate the portion of iris that has been drawn out. The ends are then cut off, and the operation is completed.

Usually about the second day all trace of the ligatured portion of the iris is gone, and the bit of silk, if it has not been washed off, may be taken away. It occasionally happens that the ligatured portion of iris, with the piece of silk attached to it, is drawn somewhat within the wound; when this is the case an end of the silk must be seized with forceps and drawn away. The possibility of such an occurrence proves the necessity of leaving the ends of the knot rather long. It is very rarely indeed that any irritation of consequence follows this operation; the iris becomes permanently adherent at the spot where it has been tied, so as to fix the pupil in its altered form and position.

Mr. Critchett has employed this method with success in the following classes of cases:—1. Central leucoma, corresponding in size and position to the natural pupil; 2. Where there has been a penetrating ulcer of the cornea, with some surrounding opacity, and the pupil is altered in shape, diminished in size, and drawn towards or behind the opacity; 3. In cases of opaque capsule, with adherent pupil, in which it is desirable to enlarge the pupil slightly in one direction, so as to expose a clear part of the lens.

In the first group, the most favourable condition is a clearly defined dense opacity in the centre of an otherwise transparent and healthy cornea. If a pupil, rather less than the normal size, and of natural boundary and mobility, be brought opposite to the clear part of the cornea, very good sight is obtained. In the second class of cases, the degree of sight that can be obtained depends in a great measure on the size and shape of the mammary pupil, the extent of the opacity, and the condition of the transparent part of the cornea; in all which circumstances there is great variety. In the third group, there is more difficulty in successfully carrying out the operation; one obstacle being the firmness of the adhesion, and another the softness of the previously diseased iris.

The results of Mr. Critchett's experience are such as to encourage him in continuing to perform the operation. In the two years preceding the date of his paper, he and his colleagues at the Royal London Ophthalmic Hospital had adopted it in sixty-six cases, in a large majority with very satisfactory results. He had also performed it in four private cases, with good result.

ARTIFICIAL PUPIL IN CONICAL CORNEA.

WITH the view of remedying the defect of vision consequent on the malformation known as conical cornea, various operations have been proposed; but none have come into general use. It has long been known, however, that in such cases vision is often assisted greatly by placing a small hole or a narrow slit in a diaphragm immediately before the eye. Acting on this suggestion, Mr. BOWMAN has adopted the plan of operating on the iris so as to give the pupil a slit-like shape, fastening the iris to the cornea in such a position as to conduce to the formation of the most correct image compatible with the altered curve of the cornea in each case. The proceeding which he employs is that of iriddesis, as devised by Mr. Critchett. His plan is, first to tie the iris at one point; and then, some days afterwards, to repeat the operation at the opposite point, so as to form a longitudinal pupil. In one case, he made the pupil horizontal; but in six others (in five of which he operated on both eyes) he has made it vertical. He leaves it, however, to be ascertained whether a balloon-shaped pupil, as left after a single operation, is equally useful; or whether the transverse or the vertical pupil is really the best. The vertical slit, however, he holds to be much more sightly than the horizontal, and equally good for vision. The improvement of sight has always been great after the first iriddesis; sometimes the second has not seemed to increase it, while in other cases it has certainly done so. A very remarkable result of the operation is the diminution of the conicity of the cornea; which Mr. Bowman thinks may be attributable to the moderation of the ocular tension. Besides the six patients operated on by Mr. Bowman, four others have been operated on by Mr. Critchett and Mr. Poland, with good results; in two, extraction of the lens was performed. Mr. Lawson has also had a satisfactory case. (*Ophthalmic Hospital Reports*, October 1859.)

TREATMENT OF ENTROPIUM AND TRICHIASIS BY LIGATURE.

DR. E. WILLIAMS of Cincinnati, in the treatment of entropium, applies a ligature composed of several threads, which is introduced by means of a curved needle. The point of the needle is introduced in the cutaneous aspect of the eyelid, very near its edge, and passes behind the orbicularis palpebrarum to a distance varying with the extent of the affection. In severe cases, Dr. Williams passes the needle from the free edge of the eyelid, quite to the lower border of the eyelashes. The thread is then tied sufficiently tight to completely strangulate the parts included; if it be tied loosely, much more pain is produced, the operation often fails, and is difficult of repetition. The number of ligatures varies according to the severity and extent of the affection. When the entropion extends entirely along the lid, four are generally sufficient; but eight have been found necessary. Chloroform may be used in very sensitive patients; but generally it may be dispensed with if the operation is performed rapidly enough. The pain soon disappears.

In partial and slight cases only of trichiasis, Dr. Williams excises an elliptic portion of the skin, perpendicularly to the direction of the eyelid. In other cases, he operates as has been described above for entropion, with, according to his account, most happy results. In one case only was there a small abscess in the course of one of the ligatures; which, however, did not interfere with the success of the operation.

When the ligatures include a considerable extent of the lid, and especially when both lids have been operated on at the same time, the patient has for a time some difficulty in closing the eye; but the power is soon regained. Some swelling may follow the operation; but it is never severe. (*Cincinnati Lancet and Observer*, October 1859; and *Gazette Hebdomadaire de Médecine*, 6 Janvier 1860.)

SYPHILITIC PARALYSIS OF THE SIXTH NERVE.

DR. BEYRAN of Constantinople, in a paper read before the Academy of Medicine in Paris, alleges paralysis of the sixth nerve as one of the results of syphilis. It is, he says, extremely rare; but still he refers to three instances. The syphilitic paralysis of the sixth nerve differs from that which is produced by intracranial tumours, or aneurism, by varix of the ophthalmic vein, or by any cerebral lesion giving rise to pressure. In such cases, the third nerve is generally affected at the same time, and there are signs of intracranial disease. In the three cases, however, which are specially referred to by Dr. Beyran, there had been unmistakeable syphilitic symptoms, both local and constitutional. The paralysis set in with the appearance of nodes; in one case, the right eye was affected; and in two, the left. The signs of the paralysis were, obstinate inversion of the eye, so that it was impossible to direct it outwards, although it could be moved upwards and downwards; together with indistinctness of sight, and double vision in the affected eye. The paralysis was preceded by pain in the temple, on the affected side; and the attack was confined to one eye. In one case, it lasted seventy-eight days; in a second, seventy-one days; and in a third, ninety-eight days. M. Beyran attributes the disorder to interference with the function of the nerve by syphilitic affection of the parts of the skull in proximity to it. The success of the specific treatment in removing the affection so far bears out this interpretation. (*L'Union Médicale*, 23 Février, 1860.)

TREATMENT OF LACRYMAL TUMOUR AND FISTULA BY ELECTRIC CAUTERY.

M. TAVIGNOT proposes a method for the radical cure of lacrymal tumour and fistula by producing occlusion of the canals. He introduces into the latter platinum wires, which are then to be heated to whiteness by means of a Bunsen's pile. They thus act as actual cauteries; and, when the eschar which they have formed is thrown off, the lacrymal canals are found to have become obliterated. (*Journal de Médecine et de Chirurgie pratiques.*)

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, MARCH 31st, 1860.

THE BALANCE-SHEET OF THE MEDICAL COUNCIL.

Prominently placed in the *Medical Register* just issued, is the balance-sheet of the income and expenses of the Medical Council for the first year of its existence. As this is a matter which more or less affects every medical man, inasmuch as it shows us at a glance the financial working of the body which holds supreme sway over the destinies of the profession, we shall make no apology for passing its items in review.

In a leader written immediately after the passing of the Medical Act in 1858, we calculated that the registration fees, which were to form the main capital of the Council, would at once produce a round sum of £34,000, counting the number of medical men to be registered at seventeen thousand. It appears, however, that only 16,081 persons registered as in practice previously to the passing of the Act; and the sum yielded by their fees fell short of our estimate by nearly two thousand pounds. During the year that has elapsed since the passing of the Act, however, we perceive that upwards of four hundred persons have registered at the increased fee of £5, yielding another sum of £2045. One thousand two hundred and eighteen gentlemen having obtained additional titles, principally from the different Colleges of Physicians, as a consequence of the workings of the new Act, a revenue of £304:10 additional has been obtained, giving the Council a total of £34,511:10. This is the whole sum derivable from fees of medical men registered before and since the passing of the Act up to January 5th, 1860. The official *Register*, as far as paying its own expenses went, was last year a failure, possibly owing to its excessive price, only about 1735 copies having been sold among upwards of sixteen thousand registered practitioners, and yielding to the Treasurer the small sum of £494:10:4. If we add to these items certain fines, penalties, and dividends upon stock invested, we have the very respectable sum of £35,456:8:4. The tabulated form at the end of this article shows the figures at a glance.

If we now turn to the expenditure, it does appear at first sight as though the Council had been a little flush with their money. Thus, the item of fees to members for attendance at the General Council and Executive Committee stands at the rather high figure of £2360:8; and the travelling expenses of both General and Branch Councils, at £700:7; with an additional £225:15 for hotel expenses. When it is considered, however, that the members of Council (among the most eminent of the profession) were continually called away from lucrative practices, sometimes from the furthermost corners of the island, we feel certain that there will be no cavillers at the fair and just honorarium they have received. We have not the least doubt that many of them were losers even in a pecuniary sense, and that the profession owe much to the sense of duty which must have actuated them in giving their services for its welfare. The sum of £500 expended on the *Pharmacopœia* no one will grudge; and we feel certain that the matter is in the hands of gentlemen who will consolidate and purge the already existing and very often conflictive *Pharmacopœias* of the three kingdoms. We confess, however, we should have preferred to see the price at which the *Register* is produced given in detail, instead of being lumped with salaries, printing, stationery, rent, etc., that stand at the rather large sum of £4229:13:11, which, together with a sum of £149:12:8, represents a total expenditure of £8165:16:7. Add to this the sums invested and cash in hand, etc.—a sum of £27,290:11:9—and we have the balance made up of £35,456:8, as the table.

It must be remembered, however, that the income of the year 1861 will fall short of the income for 1860 by no less a sum than £32,162, the fees of the 16,081 medical men in practice before the passing of the Act. Putting the other receipts of the Council at the same figures as last year, the utmost income will be £3,414:8:4. But we find that the expenses of last year were no less than £8,165:16:7. If they were to be anything like this during the present year, the account would be fearfully on the wrong side, and the Council would inevitably have to dip into their funded capital. But it must be clear that the expenses of the past year were entirely exceptional. The numerous meetings held to frame the rules and get the machine into working order will not be again necessary. What is to be done will be mainly done at home in the Branch Councils, and we do not apprehend that the very expensive meetings of the General Council will be often called for. The sum of £500 voted for Pharmacopœia Committee is most probably a final vote. These reductions will no doubt materially diminish the expenses of the Council. Nevertheless the difference between £3,414:8:4, the present year's estimated income, and £8,165:16:7, last year's positive expenditure, is so great, that we do not exactly see how the account is to be squared. We have every confidence, however, in the Council as gentlemen of business habits; and we feel certain that the permanent relations of the expenditure to the income will be satisfactory to the profession.

Receipts.	£	s.	d.	£	s.	d.
To 16,081 Fees at £2 each (*a*) -	32162	0	0			
To 409 Fees at £5 each (*b*) -	2045	0	0			
16,490						
To 1218 Fees at 5*s.* each (*c*) -	304	10	0	34511	10	0
To Fees overpaid and incomplete	-		-	12	14	5
To sale of Registers - -	-		-	494	10	4
Penalties - - -	-		-	24	9	0
Dividends on £20000 invested by Branch Council for England - - -	293	15	0			
Dividends on £3120:8:2 invested by Branch Council for Ireland - - -	90	2	1			
Dividends on £2000 invested by Branch Council for Scotland - - -	29	7	6	413	4	7
				35456	8	4

Expenditure.

	£					
To Fees to Members for attendance at General Council and Executive Committee - -	1768	4	0			
To Fees to Members for attendance at Branch Council for England	147	0	0			
To Fees to Members for attendance at Branch Council for Ireland -	291	18	0			
To Fees to Members for attendance at Branch Council for Scotland -	153	6	0			
				2360	8	0
Travelling Expenses on behalf of General Council - -	624	15	0			
Travelling Expenses on behalf of Branch Council for England -	75	12	0			
				700	7	0
Hotel Expenses - - - - -				225	15	0
				3286	10	0
Pharmacopœia Committee - - -				500	0	0
Registration Fees returned (England & Scotland)				149	12	8
Salaries, Printing, Stationery, Rent, &c. - -				4229	13	11
Total Expenditure - - -				£8165	16	7
Balances:—						
Invested in £20,000 Three per Cent. Consols, on account of Branch Council for England	18,970	16	8			
Invested in £3120: 8: 2 New Three per Cents., on account of Branch Council for Ireland	3000	0	0			
Invested in £2000 Three per Cent. Consols, on account of Branch Council for Scotland	1907	10	0			
Total sum invested	£23,878	6	8			
Cash at Bankers, on account of General Council - -	9	6	0			
Cash at Bankers on account of Branch Council for England	2456	4	8			
In hand ditto ditto -	69	10	3			
Cash at Bankers, on account of Branch Council for Ireland	30	13	8			
Cash at Bankers, on account of Branch Council for Scotland	846	11	6			
Due to Registrar	1	0	—	846	10	6
				27,290	11	9
				£35,456	8	4

(*a.*) In England, 12,302; in Scotland, 1690; in Ireland 2089.

(*b.* In England, 280; in Scotland, 79; in Ireland 50.

(*c.*) In England, 1104; in Scotland, 29; in Ireland, 75.

THE WEEK.

FOR some months past, we have seen in the *Bristol Mirror* an advertisement headed "Whooping cough", and purporting to have been inserted by a person whose children had been miraculously cured of this disease by a certain remedy, which the advertiser was willing and anxious to make known to any person for the good of humanity, provided a stamped envelope, properly addressed with the name of the sender, were enclosed to "R. S., Walworth." Having a due and proper estimate of the motives of benevolent individuals who profess such praiseworthy intentions towards the public generally in the newspaper press, we addressed an envelope as directed, asking for the miraculous receipt. The answer was as follows, in a neat lady's hand:—

"Peckham.

"SIR,—Our two children were cured in a few days by medicine that we obtained from a gentleman whose address I send you. I had 6*s.* worth, which cured.

"I am, sir, yours, etc.,
"for Richd. Latham,
"A. M. L."

The address of the gentleman is given as "G. Lea, Esq., High Park, Walworth."

So we were as far off as ever from the promised receipt. It is quite clear, however, that the remedy intended for the good of humanity is estimated at the value of six shillings, which, "G. Lea, Esq.", endeavours to obtain in this roundabout manner. We have no doubt whatever that the "dodge" succeeds, as the advertisement is always to be found in the newspaper; and it cannot be inexpensive. As the legitimate earnings of the medical men are thus securely trenched on, we think it but right that such persons as the advertisers to whom we have referred should be denounced to the proprietors of papers who insert their trapping advertisements; for we feel certain that no respectable man would give them admittance into a journal after his attention had been called to their tendency.

After the discussion to which the financial condition of the Association has been subjected in the JOURNAL, we feel great pleasure in drawing attention to the balance sheet issued by the Committee of Council, and published at p. 250. It will be there seen that our finances are in a more favourable condition than they have been in for years past. The subscriptions have been much better paid up in 1859 than in 1858; and the revenue from advertisements has also considerably improved; so that, although the amount of money paid out in 1859 for the ordinary expenses of the Association and JOURNAL exceeded by £150 the sum applied to these purposes in 1858, there has been a sufficient surplus to reduce the debt due to the treasurer from £293: 10: 1¼ to £75: 14: 9¼. This must be admitted to be a decidedly promising state of affairs.

The medical profession have long complained that they are in a somewhat peremptory manner, ordered, by the provisions of the Act for the Registration of Births, Deaths, and Marriages, under a penalty of two pounds, to give to the Registrar, within fourteen days, certificates of the death of any patients who may happen to have been lost under their care. Objectionable as this regulation was, it is proposed by Sir William Dunbar, in his amended Bill now before Parliament, to make the certificates returnable to the Registrar within *five* days after death. Thus a gratuitous service is rendered still more offensive by the further limitation of the time in which it has to be done. It is also justly urged that, in many cases, the death of the patient takes place without the knowledge of the medical man, as poor persons are very apt to leave their medical attendant without any warning whatever. The only means then that he has of being aware of a death is by asking the Registrar, which places gentlemen entirely at the mercy of these functionaries, who may or may not give the information. We perceive that many petitions have been presented against the amended Bill; we trust that others will follow, and that medical men will urge their representatives in Parliament to vote against the obnoxious alteration which we have noticed.

Association Intelligence.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held in Birmingham, on Tuesday, the 20th instant.

PRESENT:—Sir C. Hastings (in the Chair); Mr. Bartleet; Mr. Cartwright; Mr. Husband; Dr. B. W. Richardson; Mr. Solomon; Mr. Southam; Dr. A. P. Stewart; Mr. H. Terry; Dr. A. T. H. Waters; Dr. Webster; Mr. Watkin Williams; and Dr. P. H. Williams.

The following Financial Report for the year 1859, was presented by the Treasurer, and unanimously adopted by the Committee. The accounts had been audited by Dr. Melson and Mr. Hadley of Birmingham (in accordance with Law 23). [*See Report below.*]

The Laws of the Shropshire Ethical Branch were sanctioned.

The 1st, 2nd, and 3rd days of August (Wednesday, Thursday, and Friday), were fixed upon for the next annual meeting of the Association at Torquay.

CHARLES HASTINGS.
PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, March 23rd, 1860.

FINANCIAL REPORT.

IN obedience to the laws of this Association, your Committee proceed to publish a financial statement of the receipts and expenditure for the year ending December 31st, 1859. The accounts have been audited by Dr. Melson and Mr. Hadley, both of Birmingham, who were appointed to perform that office at the Liverpool meeting of the Association in July last.

The statement of accounts, as examined and found correct by them, is as follows:—

Receipts to December 31st, 1859.

	£	s.	d.
Subscriptions	2038	0	6
Donation from Bath and Bristol Branch	15	0	0
Contribution Fund	6	14	0
Advertisements, etc.	737	5	10
	2797	0	4

Expenditure to December 31st, 1859.

Due to Treasurer, December 1858	293	10	1½
JOURNAL EXPENSES:			
Richards (Printer)	1760	9	0
Honeyman (Sundries)	110	1	8
Davidson (Commission)	65	0	6
Orrin Smith (Engraver)	8	19	6
Salaries:—Dr. Wynter, Dr. Henry, and Mr. Holmes	450	0	0
Interest and Commission at Bankers	23	10	2
Reporters (two years)	14	14	0
EXECUTIVE EXPENSES:			
Secretaries' Sundries	15	12	7
District expenses; Post-office orders, Stamped envelopes; and Collecting	13	17	7
Secretary and Clerk	117	0	0
Expenditure	2872	15	1½
Receipts for 1859	2797	0	4
Balance due to Treasurer	75	14	9½

Assets.

Arrears	450	0	0
Advertisements	350	0	0
	800	0	0

Liabilities.

Due to Treasurer	75	14	9½
Bills due to Printer and Publisher	657	19	0
	733	13	9½
Balance in favour of Association	66	6	2½

250

Your Committee consider this the most favourable financial statement that has been made for several years. The subscriptions are nearly £250 better than for the year 1858; and the advertisements have improved considerably. The expenditure is higher, which is a necessary consequence of the increase in the number of members. Altogether, the balance due to the Treasurer is diminished from £293 to £75.

It will be seen also that, after all the liabilities have been brought into account, there was a balance of assets in favour of the Association on the first of January 1860.

It would doubtless be better, if the Association had cash in hand to meet the demands on its funds, instead of being always in debt to the Treasurer.

The attention of the Association was called to this circumstance at the last annual meeting; and some exertions have been consequently made to abate the evil.

The Bath and Bristol Branch have generously made a donation of fifteen pounds towards payment of the debt to the Treasurer.

At the Liverpool meeting, it was agreed, that the members of the Association should be requested to make a voluntary contribution towards improving the finances of the Association, by adding five shillings to their subscription for the years 1860 and 1861.

The receipts for the past year contain only a small sum in reply to this appeal; but if the small sum above indicated should be contributed by each member, it will bring more than £1000 into the exchequer; and by the end of the year 1861, this sum would form a capital, by which the affairs of the JOURNAL could be carried on without the Association ever being indebted either to the treasurer, or printer, or publisher.

This would be a great benefit to the Association; for most of the difficulties that have been experienced in the publication of the JOURNAL have arisen from the work having been carried on without any capital to begin with.

Your Committee need scarcely reiterate what they have so often said, as to the necessity of the punctual payment of subscriptions. It must be evident to all, that one guinea per annum is a very small sum to pay for a weekly journal; and therefore, every member ought to feel in conscience bound to pay his subscription promptly and cheerfully.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [Ordinary Meeting.]	Hen and Chickens Hotel, Birmingham.	Thursday, April 19th, 6 P.M.

BATH AND BRISTOL BRANCH.

THE DIPLOMA OF THE ROYAL COLLEGE OF SURGEONS.

AT a meeting of the Bath and Bristol Branch, held at Bath, on February 23rd, 1860, the following protest to the President and Council of the Royal College of Surgeons was signed by thirty-four fellows and members of the College.

"We, the undersigned fellows and members of the Royal College of Surgeons of England residing in the neighbourhood of Bristol and Bath, have read in the public press with much dismay, that certain individuals have recently received the diploma of membership of your Royal College without passing through the prescribed curriculum of study or undergoing the ordinary examination, and thereby persons only half educated have been admitted into the profession.

"We hereby protest most earnestly against such indulgence being shown to any persons, as being an infringement on the rights and privileges of the members, and tending to lower the status of the profession, and to nullify the salutary enactments of the Medical Act."

The following reply has been received:—

"Royal College of Surgeons, March 19th.

"SIR,—The protest of the 27th ult., of yourself and other fellows and members of the College, residing in the neighbourhood of Bristol and Bath, against the admission to the membership of this College of individuals who had not passed through the prescribed curriculum of study, has been submitted to the Council of this College; and I am directed to state, for the information of the gentlemen who signed the protest:—

"1. That three gentlemen only have received the diploma

of this College under the circumstances alluded to in your protest.

"2. That these three gentlemen were admitted to examination on grounds which, after mature deliberation, were deemed sufficient; and that their examinations satisfied the Court of Examiners that they were qualified to practise their profession.

"3. That no candidate has been admitted to examination under similar circumstances since the 9th of December last; on which date the last of these three gentlemen was examined. "I am, etc.,

"EDMUND BELFOUR, *Secretary.*"

MIDLAND BRANCH: ORDINARY MEETING.

THE ordinary quarterly meeting of the Midland Branch was held at Derby, in the Board Room of the Infirmary, on March 22nd, J. W. JOHNSON, Esq., President of the Branch, in the chair. There were also present:—J. Baker, Esq. (Derby); A. Dolman, Esq. (Derby); S. W. Fearn, Esq. (Derby); H. Gisborne, Esq. (Derby); H. Goode, M.D. (Derby); J. Heygate, M.D. (Derby); J. Hitchman, M.D. (Mickleover); G. B. Norman, Esq. (Ilkeston); Ch. Walker, Esq. (Wirksworth).

New Members. Two new members were proposed, and elected unanimously—viz., Henry Wade, Esq. (Derby); George Garnham, Esq. (Ripley).

Communications. The following paper was read:—Cases of Gangrene after Injury, in which Amputation had been performed with success. By A. H. Dolman, Esq. Mr. Dolman exhibited the subjects of the operations to the meeting.

Poor-Law Medical Reform. A petition to Parliament on the subject of Poor-Law reform was then brought before the meeting, and it was agreed to send one signed by the members of the Branch.

The Medical Act. Dr. GOODE read to the meeting a letter from the secretary of the London Registration Association relating to the working of the Medical Act, and suggested its being referred to the committee of the Derbyshire Association. In the discussion arising out of the letter

Dr. HITCHMAN expressed himself warmly, to the effect that the medical profession, as a body, would gain no efficient redress from the Medical Act unless it could in some way check the lax and mercenary manner in which the licensing and collegiate bodies were disposing of their diplomas. The Apothecaries' Company had been often taunted as being "a trading body;" but they had never sold their diplomas; nor had the council of a great association like that to which they had the honour to belong ever passed a resolution condemnatory of the company's proceedings such as the following, which stands on record in reference to the Edinburgh College of Physicians:—"That the recent proceedings of the Edinburgh College of Physicians *in the sale of their* licence, *without examination*, to gentlemen *not* already physicians, was not called for to meet any want in the profession; and that, inasmuch as it tends to lower the *status* of the physician, without elevating that of the general practitioner, it is calculated in every way to prove injurious to the profession." Public indignation, and a resolution of the Medical Council, had caused that body to introduce what they called a "*modified* examination"; and what that was the Branch would have no difficulty in understanding. Their own College of Surgeons was blameworthy. What amount of empiricism may not flourish when, in reply to a remonstrance like that addressed by the Birmingham and Midland Counties Registration Association against the admission into the College "of persons not regularly educated", the Council of the College could have the effrontery to justify their conduct on the plea that "the highly penal clauses of the Medical Act" obliged the College "to relax its rules"? We are complaining that the Act allows uneducated people to practise with impunity; and yet many of our colleges consider the Act already too "highly penal", and throw open their portals to "certain persons"; and sell their licenses to practise, in some cases "without examination", and to others with that mockery called "a *modified* examination".

The meeting cordially agreed with the justice of the remarks, and a memorial to the Royal College of Surgeons on the subject was resolved upon, and signed by all the members of the College who were present. After votes of thanks to the chairman for his conduct in the chair, and to the Infirmary Board for the use of their room, the meeting broke up.

NEW MEMBERS OF THE ASSOCIATION.

THE following gentlemen have joined the Association from the commencement of the present year.

BEDFORDSHIRE.
Chapman, Thomas, Jun., Esq., Ampthill
Collingwood, William, Esq., Ampthill
Farr, Frederick, Esq., Dunstable
Hicks, Charles C., Esq., Dunstable
Hubert, W. A., Esq., Markyate Street
Woakes, Edward, Jun., Esq., Luton

BUCKINGHAMSHIRE.
Daniell, William C., Esq., Stony Stratford
Hailey, Hammett, Esq., Newport Pagnell

CHESHIRE.
Bellyse, Edward S., M.D., Nantwich
Brittain, Thomas, Esq., Senior Surgeon to the Infirmary, Chester
Edwards, E., Esq., Crewe
Harrison, Job, Esq., Chester

CORNWALL.
Berryman, John P., Esq., St. Austell
Davis, Arthur A., Esq., Fowey
Gaved, Arthur, Esq., St. Mabyn, Bodmin
Hichens, James S., Esq., Redruth
Hill, Thomas, Esq., Grampound
McManus, R., Esq., St. Austell
Marrack, William, Esq., Liskeard
Pattison, W. T. A., Esq., Fowey
Pearce, William, Esq., St. Tudye, Bodmin
Sellors, John M., M.B., Gunnislake, Calstock
Vincent, Philip, Esq., Camborne
Williams, Joseph, Esq., Helston
Woode, H. T., Esq., Sandhill, Calstock

DERBYSHIRE.
Dolman, Arthur H., Esq., House Surgeon to the General Infirmary, Derby
Garnham, George, Esq., Ripley
Wade, Henry, Esq., Derby

DEVONSHIRE.
Clarke, James E., Esq., Paignton
Drake, Augustus, M.B., Physician to the Devon and Exeter Hospital, Exeter
Hartland, W. B., Esq., Torquay
Pollard, James, Esq., St. Marychurch, Torquay
Risdon, William, Esq., Dolton, Crediton

ESSEX.
Goodchild, Arthur, Esq., Little Waltham

GLOUCESTERSHIRE.
Parsons, James St. J. G., M.R.C.P.Ed., Bristol
Swayne, Joseph G., M.D., Physician-Accoucheur to the Bristol General Hospital, and Lecturer on Midwifery in the Medical School, Bristol
Wollaston, R., M.R.C.P., Cheltenham

HERTFORDSHIRE.
Gaffney, Charles, Esq., Buntingford

KENT.
Wardell, John R., M.D., Tunbridge Wells

LANCASHIRE.
Cort, W. G., M.D., Blackburn
Walling, J., M.D., Preston

MIDDLESEX.
Cockle, John, M.D., Physician to the Royal Free Hospital, and Lecturer on Medicine at the Grosvenor Place School of Medicine, Brook Street
Garrod, Alfred B., M.D., F.R.S., Physician to University College Hospital, and Lecturer on Materia and Therapeutics in University College, Harley Street
Gibbon, Septimus, M.B., Medical Officer of Health for the Holborn District, Finsbury Square
Goodchild, John, Esq., Ealing
Harvey, William, Esq., Surgeon to the Dispensary for Diseases of the Ear, Soho Square
Martin, William, Esq., George Street, Hanover Square
Millar, John, Esq., Bethnall House, Cambridge Heath
Price, Peter C., Esq., Surgeon to the Great Northern Hospital, Green Street, Grosvenor Square
Robinson, Thomas, M.D., Cumming Street, Pentonville
Rogers, William R., M.D., Berners Street, Oxford Street
Walton, Haynes, Esq., Surgeon to St. Mary's Hospital and to the Central London Ophthalmic Hospital, Brook Street

NORTHAMPTONSHIRE.
Dryland, J. W., Esq., Kettering

SHROPSHIRE.
Bratton, James, Esq., Shrewsbury
Davis, Edward, Esq., Ditton Priors
Wetherhead, Thomas, Esq., Munslow

SOMERSET.
Michael, David, Esq., House Physician to the United Hospital, Bath
Parry, Henry H., Esq., House Surgeon to the General Hospital, Bath

STAFFORDSHIRE.
Belcher, Paul, Esq., Burton-on-Trent
Belcher, Shirley, Esq., Burton-on-Trent

WARWICKSHIRE.
Bodington, George F., Esq., Kenilworth

WORCESTERSHIRE.
Cooper, Thomas R., Esq., Oldbury

YORKSHIRE.
Ellis, William, Esq., Morley, near Leeds
Gillard, Richard, Esq., Hovingham
Munroe, Henry, M.D., Lecturer on Medical Jurisprudence in the School of Medicine, Hull
Sleight, Robert L., Esq., Hull

WALES.
Jenkins, Josiah R., Esq., Ruthin
Evans, David, M.D., Llanfyllin
Jones, Richard, Esq., Newtown
Slyman, W., M.D., Newtown Hall
Thomas, W. W., Esq., Llanfair

FOREIGN COUNTRIES.
Scott, Thomas A. F., Esq., Bombay Army

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, March 26th, 1860.

A. B. Garrod, M.D., F.R.S., President, in the Chair.

CLINICAL DISCUSSION.

Removal of a Nævus by the Ecraseur. Dr. Leared brought forward a case in which nævus had been removed by the *écraseur*, by Mr. Conolly. Three weeks after the birth of the child, a red spot was noticed by the mother on the neck, just under the thyroid cartilage; at two months, it was an inch long and three-quarters of an inch wide. Collodion was applied for three weeks by Mr. Conolly, but without success. At about four months, three threads, soaked in solution of perchloride of iron, were introduced; the tumour became somewhat hardened, but the threads had to be withdrawn, on account of the irritation they produced; and the tumour softened and enlarged. Six weeks afterwards, Mr. Conolly tried to strangulate the tumour by introducing six strong double threads, and tying them; but these also had soon to be removed. The child took large does of opium; and, at about five months, one day took as much as four drachms of tincture of opium in the day. It was then determined to apply the *écraseur*, which was done with success. In introducing the ligatures, two or three drachms of blood were lost; but, on using the *écraseur*, not above half a drachm was lost altogether. The child was exhibited to the Fellows of the Society.

The President asked whether the opium was given in gradually increasing doses.

Mr. Conolly said that hyoscyamus was given at first, but without effect. Very small doses of opium were given at first; but no result was produced until ten or fifteen drops were given. The opium seemed to have very little effect on the child.

Mr. Price asked whether the nævus was arterial or venous. He had frequently seen vascular tumours removed by the *écraseur* in Paris. He had within a few months heard of two cases in which death had taken place from tetanus after ligature of a nævus. He thought the case brought forward by Dr. Leared one of the most successful instances of application of the *écraseur* to a nævus with which he had met.

Dr. Chowne asked how long it had taken for the child to arrive at taking the large quantity of laudanum mentioned.

Mr. Conolly said the child was three months old when it commenced to take the laudanum. When the setons were introduced, the child had five-drop doses; and in a fortnight or three weeks, it had ten-drop doses. When the ligatures were removed, the opium was stopped; but it was soon necessary to give it again in increased quantity. The quantity of four drachms in a day had been given by the mother, who found that the doses prescribed produced no effect.

Dr. Leared had not made a minute examination of the tumour; but he did not think it erectile, as it did not pulsate.

Mr. Rogers-Harrison asked whether there were any tetanic convulsions.

Mr. Conolly said that no convulsions whatever had been observed.

The President said that the present case was interesting in its bearing on some facts brought forward last year by Dr. Fuller in regard to the rapidly increasing tolerance of belladonna by children.

Synthesis of Cataract. Dr. Richardson brought before the Society animals presenting cataract in various stages. In the *American Journal of the Medical Sciences* for January 1860, there was a paper by Dr. S. Weir Mitchell, who, in performing experiments on osmosis, had made the remarkable observation that, when syrup was injected into the subcuticular sacs of frogs, a curious form of cataract was produced. The conclusions at which Dr. Mitchell arrived were—that sugar in large quantities destroys the life of a frog; that an abundant supply of water frequently enables the frog to eliminate the sugar and escape death; that the formation of cataract is one of the most striking symptoms of the sugar-poisoning; that the cataract is due to mechanical disturbances of the form and relative position and contents of the compound tubes of the lens. Dr. Richardson, since reading this paper, had performed a series of experiments, amounting now to forty-six in number, which were not only entirely confirmatory of Dr. Mitchell's observations, but were an extension of them. The leading facts adduced by the author may be thus summed up:—1. When from one and a half to two drachms of syrup are injected under the skin of a frog, the body of the animal first becomes enlarged from exosmosis; and afterwards, in from twelve to thirty-six hours (the enlargement having meanwhile disappeared), cataract—usually in both eyes—is the result. This was confirmed by twenty experiments, and is identical with the result previously obtained by Dr. Mitchell. 2. If the frog, after injection, is freely surrounded with water, it recovers without cataract—a fact observed also by Dr. Mitchell. 3. If, immediately after the lens becomes opaque, the animal is surrounded by water, the cataract may be made to disappear. This was confirmed by three experiments. 4. The cataract, being fully developed, remains permanent; the animal apparently recovering its general health, but being entirely blind. 5. When the cataractous lens is removed from the animal, the opacity may be seen to have commenced either at the posterior part of the lens, spreading circumferentially; or at the anterior part, spreading backwards. The opacity is diffused, but it does not reach the centre of the lens. Similar observations had been made by Dr. Mitchell, except that he traced the opacity from the posterior surface in all cases. The capsule of the lens seems clear (Mitchell). A similar opacity of the lens may be produced in the eye of a sheep, immediately after death, by the injection of syrup into the anterior chamber. In these conclusions, the results of both authors were in the main the same; and, having described them, Dr. Richardson referred to observations of his own. 6. All varieties of sugar—cane, grape, and milk—produce the same result; and frogs were presented, with cataract induced by the injection of syrups of each of these sugars. 7. The form of cataract did not vary in any case. 8. After several experiments, it was found that a syrup of cane or grape-sugar, of specific gravity 1150, was the most practical; and of milk-sugar, that of specific gravity 1120. 9. Injection of gum-water does not produce cataract. In one case, after the injection of albumen, it was believed that some opacity was produced; but a second experiment did not confirm this result. 10. Sugar-cataract is producible in other animals. In a fresh-water fish, placed in water brought to the specific gravity of 1070 by cane-sugar, perfect cataract was produced on one side, the other side seeming to escape altogether. A second fish, placed in the same solution, lived in it for several hours, but shewed no cataract. In guinea-pigs, rabbits, and dogs, attempts had been made to produce the sugar-cataract by injecting syrup into the peritoneum. Great difficulties, however, were experienced in these experiments; for it was found that, if an overdose of syrup were injected, the animal died rapidly, as from hæmorrhage, through rapid transudation of water from the blood into the peritoneal sac. If, again, small quantities were introduced, the sugar was rapidly eliminated by the urine; in which it was found present in one case within an hour after the injection of grape-sugar syrup. But, by throwing an ounce of syrup of grape-sugar into the peritoneum of a rabbit, and repeating it after ten hours, distinct opacity of both lenses was produced. The animal, however, died after a third injection, the opacity increasing till death. The rabbit was presented to the Society. As to the cause of the cataractous condition, Dr. Richardson considered it purely osmotic; that is to say, it was due to an excessive transudation of water from the lens to the surrounding fluids, upon which the component parts of the lens were disarranged, and opacity was the result. This form of cataract, while it presented the appearances of common cataract, connected itself intimately with the facts which had been made out in the etiology of the disease, as to the coexistence of diabetes and cataract. Dr. Mitchell, at the conclusion of his paper, had noticed the same circumstance; and Dr. Richardson thought its importance could not be overestimated. The coexistence of diabetes and cataract had been pointed out by Mr. France, by Cohen, Lohmeyer, Gunzler, Mackenzie, and Duncan; but especially by Von Gräfe, who had stated that, after examining a large number of diabetic patients in various hospitals, he had found about one-fourth of them affected with cataract. In Dr. Richardson's opinion, however, it was not necessary that the general manifestations of diabetes should always be presented for diagnosis when sugar existed in the secretions; and it might be, that there was such a condition as a temporary diabetic state, during which cataract might be developed. Any way, the synthesis of cataract by one process was demonstrated; and the first rational step towards the pathology of the disease had been made. As a point bearing on the treatment of cataract, Dr. Richardson said that, inasmuch as temporary opacity produced by exposure of

the lens to syrup, was removeable by an after exposure to water (*i.e.*, by changing the position of the medium surrounding the lens), it was worthy of consideration whether an operation for letting out the aqueous humour by a small opening, and refilling the anterior and posterior chambers with distilled water, might not lead to removal of the cataractous condition in the *earliest* stages. The author concluded with some complimentary remarks on the important labours of his transatlantic brother, Dr. Mitchell.

Dr. Chowne said that, many years ago, he had read of experiments in which dogs had been fed with sugar, and had ulceration of the eye, and became blind.

Dr. Richardson was conversant wiith the experiments of Magendie on feeding dogs with sugar. There was no mention of cataract; and the ulceration appeared rather the result of starvation.

The President asked whether in any cases the cornea was affected.

Dr. Richardson said that, in the first case, the cornea was opaque; but he had not seen this since.

Mr. Rogers-Harrison suggested that other diseases besides cataract might be produced by the absorption of sugar.

Dr. Richardson was inclined to think that the effect of the sugar was specific.

The President suggested that the difficulty of inducing cataract in warm blooded animals was connected with the higher development of the kidney.

Dr. Leared and Dr. Chowne had not observed the connexion of cataract with diabetes.

Mr. Hulke said it was quite an exception in the Ophthalmic Hospital to see the connexion of diabetes and cataract. When they did occur together, the cases were not favourable for operation.

Aneurism (?) of the Internal Iliac, fatal by Rupture into the Vagina. Dr. Cockle exhibited the parts (for Mr. Hill, house-surgeon to the Royal Free Hospital), with the following history. A woman, aged 26, of most dissolute habits, was admitted a week or two since into the hospital. It appeared that four months previously she had been attacked with violent hæmorrhage from the vagina; and so late as fourteen days ago, she again flooded, as was supposed at the time, from miscarriage. On admission, she presented, in a marked degree, all the symptoms characteristic of serious loss of blood. She was deaf, and could give no very intelligent account of herself. On examination, the right leg was swollen, œdematous, and excessively painful—the pain extending along the course of the femoral vein. A swelling also was detected at the inner and under surface of the thigh just below and beneath the adductor muscle. There was also excessive pain in the course of the sciatic nerve as far as the ham. The limb (right) was perfectly paralysed. There was difficulty in passing water, although no actual retention. Four days later, she was again attacked with sudden and violent hæmorrhage from the vagina, which at the second gush proved fatal. *Autopsy.* The psoas and iliacus muscles were swollen and sodden with blood, elevating considerably the parts covering them. The internal iliac at its very bifurcation was diseased, and so fragile, that it was impossible to separate it accurately from the immense mass of concentric layers of black and decolorised coagula surrounding and enfolding it. A channel had been formed below the peritoneum and fascia along the superior and right side of the vagina, which had given way. The aperture was about an inch wide. The external iliac vein and artery were healthy, and the former quite patent. Assuming that the idea of any violence used could be excluded in this case, it would be quite unique: no such instance having been recorded of disease of the internal iliac rupturing into the vagina, and so causing death.

Fibro-Cellular Tumour on the Toe of a Child. Mr. Price related the case of a young lady, aged 12, who had a tumour at the ball of her left great toe. There was some doubt as to its nature; but it was thought to be fibrous, and was removed on Saturday last. Dr. Beale had examined the tumour, and had found it to consist mostly of fibro-cellular structure. There was no earthy matter, nor any gritty feel about it. It had produced great inconvenience in locomotion.

Calculus in a Boy. Mr. Price exhibited a calculus, which he had removed from a boy, aged 14. The stone exhibited a cast of the neck of the bladder; and the boy had never passed urine freely for three years, during which time he had lain on the back. The boy left the hospital in about three weeks.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 13th, 1860.

F. C. Skey, Esq., F.R.S., President, in the Chair.

OBSERVATIONS ON OVARIAN CYSTS WHICH CONTAIN TEETH, HAIR, AND FATTY MATTER.

BY ROBERT LEE, M.D., F.R.S.

The author commenced his communication by citing the various authors who have written on this subject, observing, that while the older writers had regarded them as instances simply of extrauterine or ovarian conception, Dr. Baillie had been the first to question the correctness of this view, in consequence of his having discovered such pathological conditions in a female child, of only twelve or thirteen years old. This had led him to conclude "that such productions may arise from an action in the ovarium itself, without any stimulus from the application of the male semen. This case was quoted in full from the *Philosophical Transactions*, and another case recorded by Dr. Baillie, in his *Morbid Anatomy*, was also referred to. In the very first volume of the *Medico-Chirurgical Transactions*, an account is given by Mr. Abernethy of a case similar to that recorded by Dr. Baillie. Analogous cases are mentioned by Dr. Merriman and Dr. Edward Phillips in later volumes. Dr. Seymour, in his *Illustrations of the Principal Diseases of the Ovaries*, details a case of the same kind, which he regards as "the result of an imperfect conception on the part of the mother of the individuals in whom they are found." The opinions of M. Cruveilhier and Dr. West on this subject, were then cited at considerable length, the latter embodying the chief results of late examinations by foreign pathologists. Four cases had come under Dr. Lee's observation, in two of which the cyst was in a natural condition, while in the other two it was more or less disorganised by dropsy, cancer inflammatory action, and so on.

Case I died of cancer in February 1853, at the age of forty-three, under the care of Dr. Martin, who submitted the uterus and appendages to Dr. Lee. The left ovary was enlarged to the size of a child's head, and the Fallopian tube, much elongated and adherent to the ovary, was filled with pus. Two cysts, nearly equal in size, were found in the left ovary, one of which contained purulent fluid, and the other a fatty looking matter, with a great number of hairs loosely imbedded in it, varying in length from five to six inches. The fatty matter adhered at only one point to the cyst, and around this point, and nowhere else, were the hairs observed growing from the cyst-wall. Some of the hairs seemed to have bulbs, by which they were attached; in other instances, both extremities were pointed and free. The walls of the cyst were composed of three distinct coats—1, the peritoneal covering, along with a thin layer of the stroma of the ovary; 2, a dense fibrous coat; 3, a lining membrane, uniformly smooth, white, and glistening, except where the hairs and fatty matter were adherent to it, where it had a yellow colour, like a corpus luteum, and was thick and hard.

In Case II, the ovary had been preserved in spirits from October 1833, till November 1859. The patient had died eleven days after delivery, and the cyst, of inconsiderable size, and filled with hair and fatty matter, was removed after death. It was now placed in a shallow vessel containing spirit, and dissected by means of the needle and forceps, with the aid of a lens magnifying six diameters. The cyst was found completely imbedded in the ovary, like a Graafian vesicle, so that between the peritoneum and the cyst-wall there was everywhere a layer of parenchymatous structure. The cyst consisted of two distinct membranes or layers, the outer thick and dense, the inner thin and transparent, which were easily separated from each other. Attached to the inner membrane at one point was found a yellow, hard body, which presented the appearance of a portion of scalp, with hair growing from it. No hair was anywhere else attached to the cyst. The author concluded that the cyst was an enlarged Graafian vesicle, in the interior of which the hair and fatty matter had been formed. The analysis of the fatty matter and hair, undertaken by Dr. Noad, gave in general terms the following results:—

Water	78·60
Hair	3·23
Fat	16·17
An albuminous substance, having many of the characters of casein, and containing much sulphur .	2·00
	100·00

In Case III, the patient, at the age of thirteen, was tapped for ovarian dropsy. Two years later, during a repetition of the operation, the cannula became obstructed by a mass of hair and fatty matter. The patient died some time after; and it was reported to the author that there was a great mass of multilocular cysts and cancerous structure, with which were interspersed numerous long hairs and pieces of bone. A small portion was submitted to his inspection, which confirmed this statement.

Case IV was that of a lady, aged 28, just returned from India, in the fifth month of pregnancy, having been married nearly five years. The history of the case, as given by the Indian medical attendant, was related, from which it appeared that an abdominal tumour had been observed very shortly after marriage, and that certain movements had been felt which had led to the idea that she was pregnant for some time; but that these had ceased, and a large discharge of purulent matter had taken place through the urethra before she placed herself under medical advice. The opinion first formed was, that the tumour had been from the first ovarian; but this was subsequently modified by the discharge being accompanied by small solid masses, which had much the appearance and character of bone. While under observation in England, it was noticed that these hard bodies consisted of hairs coated with calcareous deposit; and of these a large number were passed with much suffering. The patient was seized with puerperal convulsions, and delivery was immediately had recourse to, with a view to saving the life of the mother; but, though there were no convulsions after delivery, and consciousness returned, yet she sank and died in two days. After death, an ovarian cyst was found communicating with the bladder, and hairs were seen growing from one point of its lining membrane.

In an Appendix to the paper, the author refers to published cases of a similar nature which had subsequently come to his knowledge, recorded by Sir B. Brodie in his *Lectures on Diseases of the Urinary Organs*, and by Dr. Hemming in a note to his translation of Boivin *On Diseases of the Uterus*. To these is subjoined a letter from Mr. Lawrence, detailing from memory the particulars of a case which occurred in the practice of Mr. Abernethy, in 1816. The patient was a married lady, over sixty years of age; and several concretions, which seemed to have formed round hairs, were removed from the bladder by the operation of lithotomy. She survived the operation three years.

Editor's Letter Box.

POOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

Sir,—I shall feel obliged by your allowing me space in the Journal to inform the Poor-Law medical officers that Mr. Pigott has introduced into Parliament the Bill on Poor-Law Medical Reform, which was read the first time last evening (Tuesday). It is, therefore, most desirable the Poor-Law medical officers should lose no time in petitioning the House in its support. One hundred and eight petitions only have, as yet, been sent in this session. Some of these, however, have been numerously signed by Poor-Law medical officers, and a few by ladies, guardians, clergymen, private medical men, and ratepayers. I therefore believe the feeling in favour of medical reform has become so general that, if medical men would but take the trouble to ask for signatures to petitions, they might have them to almost any extent, particularly if the information be given that the present payment to the medical officers throughout the kingdom is only 3*s*. 1*d*. per case, and that for an illness the average duration of which is twenty-two days. The bill now before the House is somewhat different from that laid before the medical officers, as it was only lately that I discovered that the second element in Mr. Estcourt's plan, which averaged one shilling per case throughout the kingdom, would work very unequally in the different divisions: the metropolis receiving but 4½*d*. per case, whilst another division would have 2*s*. 6*d*. I therefore took upon myself to ask Mr. Pigott to abandon that mode of payment, and adopt the simpler plan of giving 3*s*. 6*d*. for each case of illness where the medical officers find the medicines, and 2*s*. 6*d*. where the guardians find them. A similar mode of payment I suggested should be adopted for the medical officers of union houses, with the addition of 1*s*. for each visit to the workhouse, etc., if under one mile from the residence of the medical officer, 2*s*. 6*d*., if above one mile and less than two miles, and 5*s*. if at any further distance. I also suggested that the payment for acreage, and the 2*s*. 6*d*. for medical advice, should be made a charge on the county-rate of the county in which the union is situate, the extra medical fees to be paid for out of the common fund of the union, and the one shilling per case for medicines and charge for dispensaries out of the consolidated fund, a mode of payment which I trust will remove all cause for opposition by the Guardians, and, as it lessens the payment by Government, I hope it will ensure the support of Parliament.

I trust these various changes will meet with general approval.

There is now in the press a pamphlet of thirty closely written pages, containing a summary of the Act, and a commentary on each clause; also three pages of forty-two columns of figures. A copy of this I intend sending to each member of Parliament, in order that they may see the necessity for the various clauses. When the Bill reaches the Upper House, I shall forward copies to its members. I shall also send one to each of the medical officers who have sent subscriptions to the Association within the last twelve months, as it is with their money the pamphlet has been printed. I regret I cannot go further, as the funds of the Association are too low to permit me to send to all the original subscribers; but, as it is most desirable that all union medical officers should possess a copy, in order to understand the reason for the insertion of the various clauses, and the way they will work in each division, I have directed the printer to keep the type standing for a short time, so that those gentlemen who may renew their subscriptions may have a copy. Non-subscribers, whether Poor-law medical officers or not, may have one sent to them on forwarding to me their address and twelve postage-stamps; and, on the same terms, I shall be happy to furnish all guardians with copies; and the more that may apply, the better, as I feel sure that, if they look at the Bill with unprejudiced eyes, they will be convinced that, although it will benefit the medical officers, it will at the same time do good to the poor, and remove a burden from individual unions.

I am, etc., Richard Griffin.

12, Royal Terrace, Weymouth, 10th March 28th, 1860.

P.S. The question of a general meeting is under consideration.

POOR-LAW MEDICAL REFORM.

Sir,—I shall feel obliged if you will permit a copy of the accompanying circular to appear in your Journal.

If Poor-law medical officers really suffer a grievance from hard work and poor pay, it seems to me that now is the time for increased energy and some little sacrifice. Let no man live for himself. Let him strive by his countenance and support to aid in obtaining a meed of justice. Let those who will not work actively themselves support those who do. For once, throw away all supineness and indifference, and with right hearty good will stand forward and make the cause your own.

Many have given their time and money in order to benefit all, and on what plea can any man stand aloof and listlessly watch the struggle? If success should crown the efforts that have been made, let every man have the inward satisfaction of knowing that he has contributed to obtain that success, seeing that he must necessarily share in any benefit that may ultimately accrue.

I therefore commend these few words to the serious judgment of every medical officer in the service, and sincerely trust he may be disposed to act with promptitude and spirit. The sacrifice individually is small, but the stakes are great.

I am, etc., A Poor-Law Medical Officer.

March 17th, 1860.

Poor-Law Medical Reform Association.

Sir,—It is proposed that every medical officer of the Union should subscribe a further sum of ten shillings in support of the above Association.

If you should accede to this proposal, and will favour me with your subscription, I will undertake to forward it to the Chairman, who has laboured most energetically for the advancement of our interests.

I would further suggest that each medical officer should *immediately* petition the House of Commons to pass such resolutions or laws as will have the effect of ameliorating his position. I have the honour to be, sir,

Your obedient servant, ————.

March 7th, 1860.

THE ASSOCIATION AND THE JOURNAL.

Letter from A. P. Stewart, M.D.

Sir,—The responses of the ancient oracles were noted for their sententious brevity. Our great northern oracle has spoken once more with somewhat of his accustomed length and logic. He has honoured me with what would be called, north of the Tweed "a dixie"—Anglicè, a good set scold—for the mode in which I expressed my opinions on the Journal question. Merely remarking that Mr. Dix does not seem to recognise, in my "terse and elegant language," an exceedingly familiar, expressive, and much-used quotation, I bow, with becoming deference, to the rebuke of one who is so well qualified to be a censor of the press.

It may, perhaps, be accepted by my distinguished Mentor as some slight apology for my *non sequiturs* and other offences against the rules of logic and good taste, of which he is so consummate a master, that my remarks were, at my own request, very briefly reported in the Journal. Should this seem wonderful in the eyes of Mr. Dix, he will, perhaps, permit me to explain that the members of the Metropolitan Counties Branch, entertaining a salutary dread, which they would be happy to find shared by so high an authority as Mr. Dix, of interminable letters and monster reports of Branch meetings, are quite willing to have their principles applied to themselves. But how shall I convey to Mr. Dix any intelligible explanation of the fact, that, having actually been asked for a corrected report of my reply at the adjourned meeting, I neglected to furnish it? What would he have done in such circumstances? I humbly put the question, but cannot pretend to answer it, not having yet attained that high position, which makes weight a recommendation, and prolixity a grace of style.

I dare scarcely venture to repeat my "platitude" about "the power of the press," and yet I profess my utter inability to see how we can bring it to bear with any effect on our own affairs, and on the great and multifarious interests, whether social or scientific, of the medical profession, with a fortnightly or monthly issue. With such an Association as ours, I can see no valid reason why we should not present our members with a journal that shall supersede the necessity, on their part, of taking in any other. And I boldly avow my conviction, that in no other way can we so effectually secure the objects for which the Association professes to exist, and draw out its hitherto undeveloped literary and scientific resources. In our ranks there is a multitude of men who could fill with instructive and important communications every number of our Journal throughout the year. Convince them that their own organ is a favourite with the profession, and that their papers will be read and studied in its pages, and they will take a pride in being contributors. We shall thus open a rich vein, which will not soon be worked out, and shall hear no more of the Journal being an incubus on the Association. I, for one, should be happy to contribute, if the necessary funds are not forthcoming, towards the attainment of so desirable a consummation. Yours, etc., A. P. Stewart.

74, Grosvenor Street, W. March 28, 1860.

THE ASSOCIATION AND THE JOURNAL.

Letter from John Dix, Esq.

Sir,—I anticipate a pretty general assent to the following propositions:—that union and organisation are at present the great *desiderata* of the medical profession. That to effect these is a "mission" worthy of our Association, and is, or ought to be, the present object of our chief endeavour. That, although our success in this direction has hitherto been extremely small, yet we *do* constitute a nucleus which may admit of great and effectual development. That it is therefore highly desirable to devise some means to render the Association more attractive to the great body of the profession.

How this may be done is an important problem. Towards its solution, I beg to offer the following considerations.

The two chief attractions of the Association as it at present exists are, the weekly Journal and the Branch meetings. Beyond these, *membership* confers little or no advantage on *most of us*. The *cost* also of membership, as represented by the general expenses of the Association, is almost nominal; whilst Branch membership entails an extra subscription; so that in fact the Journal represents to each subscriber his annual guinea; and but for the Journal the subscription might well be much reduced. Vast numbers of the profession do not want the Journal; or, at all events, do not care to pay for it: some, because they are content with other periodicals; others, because they already do receive the Journal in exchange, or could do so if they wished. This applies equally to members of the Association and non-members. These then, and such as these, get for an annual guinea subscription nothing which they value, *except the privilege of joining a Branch of the Association.*

It does not follow from this, that the subscription is too high. The Association *ought to be* worth a guinea to every man, though at present it is not. But we all like a *quid pro quo*, which Branch membership at a guinea can scarcely be considered, especially when we remember that *per se* the expenses of a Branch are but from 2*s.* 6*d.* to 5*s.* a year. Yet for this poor privilege many do (albeit unwillingly) subscribe to the Association. *How many stand aloof from us because these things are so?*

It seems to me, sir, that by earnest, united, and well directed efforts, much might be done to render both the Association and the Branches more popular and more useful; and the first step in this direction is to lower the subscription. This can be done at once by separating the expense of the Journal from the subscription to the Association.

So far as writing and talking goes, the voice of the Association is in favour of continuing the weekly Journal. Be it so then. But why should it be a *sine quâ non* of membership? Let those who love the Journal, and those who live by the Journal, maintain a Journal; but do not thrust it down the throats of those who do not appreciate it; do not compel a man to eat this leek; the alternatives being either absolute exclusion from the Association, or a comparatively heavy payment for, what might and ought to be, an almost costless privilege. In short, let us be able to obtain admission to the British Medical Association without being obliged to become also members of the British Medical Journal Association.

By such an arrangement as this, we should still retain and enlist all those whom the Journal attracts; and, unless I am greatly mistaken, we might also beat up a large number of recruits by means of other inducements; especially by the multiplication and improvement of the Branches. These, I believe, have always been the great attraction of the Association; they are, moreover, at once our means of strength, and our theatre of action; at present, they are faint and languishing (as is the Association at large). How they may be extended and invigorated, I propose to shew in a future communication. I am, etc.,

John Dix.

Hull, March 20th, 1860.

ON SUPPORTING THE PERINÆUM.

Sir,—Observing the various opinions of your correspondents on the let alone and non-let alone practice with regard to the perinæum, and finding that, however they may or may not act towards that important part in conducting parturition, they do not seem inclined to let alone the subject (which I could never have expected would have been so protracted a case), I feel inclined to support it a little longer. I addressed you near the beginning of the discussion, signing "An Old Hand"; and what I said as to my usual successful method of supporting the perinæum in case of difficult expulsion of the fœtus, was from thorough conviction of its propriety; and, after all I have read from your correspondents, I still feel inclined to answer the very sensible and modest question of "Aliquis" by recommending the common sense line of conduct. Carefully watching the dilatation of the os externum when the head bears strongly on the perinæum; persistently yet *moderately* supporting it, manipulating in such a way as to assist, if possible, the dilatation; and, above all, giving the head a right direction under the pubes, appears to me to be what I call the common sense kind of management of such cases. We know that the *post hoc* is not a sufficient proof of the *propter hoc;* and the safe termination of a labour, even when accomplished by the forceps and with unsupported perinæum, is not a sufficient argument of the propriety of never supporting it. Common sense tells us that we have no guarantee that the perinæum will not be ruptured, if not supported; and especially when the pains are very violent, which it is well known they often are when the head is near the birth, and forced in the direction of the axis of the body.

"In medio tutissimus ibis."

I am, etc., M.

March 1860.

ON SUPPORTING THE PERINÆUM.

Letter from J. T. Beck, Esq.

Sir,—Not being an associate, I should not have ventured to have addressed you on this subject, but that I have been surprised that not one of the replies to this question have contained any allusion to the use of chloroform as a means of producing relaxation of the rigid perinæum, and thus preventing laceration. I was first induced to use it by the perusal of Dr. Murphy's pamphlet on *Chloroform in Childbirth*; and for the last four years, whenever I have had an unusually rigid perinæum, I have employed it with the best effects. The parts have become soft and yielding; and I believe in many cases, the birth of the head has been facilitated.

I agree with Dr. Snow Beck, that a slight amount of laceration is not uncommon, and may often escape observation. The shrinking of the patient when my finger has come into contact with the fourchette in proceeding to remove the placenta, has often first drawn my attention to it. I think this may happen even when chloroform is used, though I do not recollect an instance. In one case, where the laceration was somewhat considerable, and caused, I believe, by the passage of the shoulders, I kept the patient's bowels confined for a week, and no ill results followed. As the patient had already borne three children at the full period, and the parts did not appear rigid, I had not in this case deemed it necessary to exhibit chloroform.

I am, etc.,

J. Theophilus Beck.

23, Causeway, Cambridge, March 16th, 1860.

ON SUPPORTING THE PERINÆUM.

Letter from W. Leishman, M.D.

Sir,—In the letter which you did me the favour to publish in the last number of your Journal, I stated it as my opinion, in reference to the mechanical support of the perinæum, that, "if *gently* employed, it may in many cases do no harm." As the word "quickly" has been substituted in your impression for that which I have placed in italics, you will see that the meaning of the whole sentence is completely destroyed.

May I request, therefore, that you will rectify this, either by an editorial note, or by the insertion of this letter.

I am, etc., William Leishman.

80, Bath Street, Glasgow, March 26, 1860.

[The error to which Dr. Leishman refers is at p. 234, in the eleventh line from the bottom of the first column. The readers of the Journal will perhaps be kind enough to make the necessary correction with a pen, by substituting "gently" for "quickly". Editor.]

Parliamentary Intelligence.

HOUSE OF COMMONS.—Monday, March 26th, 1860.

The Lunacy Laws. Mr. Torrens rose to ask the Secretary of State for the Home Department, when it was intended to nominate the Select Committee on the Lunacy Laws, sanctioned by the House on the 23rd of February last, more than a month ago? and whether it was intended, without further delay, to submit reports on the evidence already given on the Lunacy Laws before Select Committees during the two previous Sessions, with the view to legislate for the amelioration of the condition and the treatment of patients confined in insane asylums.

Sir G. Grey, in the absence of the Home Secretary, replied that the Committee upon the Lunacy Laws was re-appointed this Session upon the motion of the right honourable gentleman the member for the University of Cambridge (Mr. Walpole). It had taken a great deal of evidence, and his right honourable friend the Chairman had undertaken to submit to it resolutions which would probably be the foundation of a report. If the honourable gentleman would communicate privately with his right honourable friend, he would probably give him further information.

Tuesday, March 27th.

Poor-Law Medical Relief. Mr. Pigott obtained leave to bring in a Bill on the subject of Poor-Law Medical Relief, with a view to improve the position of the medical officers, and to secure more efficient relief to the poorer classes.

Wednesday, March 28th.

Lunatics. Mr. Walpole nominated the Select Committee on lunatics as follows:—Mr. Walpole, Mr. Tite, Sir G. Grey, Mr. Whitbread, Colonel Clifford, Mr. Coningham, Mr. Kendall, Mr. Horsman, Mr. Briscoe, Mr. Rolt, Mr. Henley, Mr. M. Milnes, and Mr. Kekewich.

Poor-Law Medical Reform. Petitions in favour of an amendment of the law respecting the medical relief of the poor have been presented from medical officers in Leeds; from the students of the London Hospital; from the students of the Middlesex Hospital; from medical officers of Northleach Union; from physicians and surgeons of Bailyborough, Ireland; from Shoreditch, from gentlemen in the medical profession, officers of unions, and others; from Dalston and its neighbourhood; from Newton Abbot; from Waterford; from the medical officer of the Coleford district of the Monmouth Union; from Lacock and Chippenham, Wilts, etc.

Return of Causes of Death. Petitions from medical practitioners in Scotland, against the compulsory return of the cause of death, have been presented (fifteen from Glasgow and two from Inverness-shire) from Millport; from Newblyth; from Berwick-upon-Tweed; from Orkney and Zetland; from Ayton and Cockburnspath, Berwickshire; from Helensburgh; and from the Kirk Session of Eastwood, Renfrewshire.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

* *In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

Ducket, Clarke A., Esq., Surgeon R.N., at Anglesey, Hants, on March 22.

Noble, William, Esq., Surgeon, Thame, on March 24. (Premature—stillborn.)

*Sympson, Thomas, Esq., Lincoln, on March 22.

Wells, W. W., Esq., Surgeon Bengal Medical Service, at Cheltenham, on March 20.

MARRIAGES.

Johnston, Theophilus P., Esq., Assistant-Surgeon Bombay Establishment, to Elizabeth, second daughter of the late Commander H. Pook, R.N., at Dublin, on March 15.

Meredith, Spencer, Esq., Assistant-Surgeon Madras Fusiliers, to Anna Maria, second daughter of Thomas Davidson, M.D., of Bayswater, at Madras, on February 23.

*Partridge, Samuel, Esq., Darlaston, to Martha C., youngest daughter of the late Henry V. Garman, Esq., Surgeon, Bow, at St. Mary, Stratford, on March 21.

DEATHS.

Adcock, George R., Esq., Surgeon, at Brentford, aged 25, on March 17.

Cox. On March 20th, at Long Buckby, Arthur John, infant twin son of Arthur Cox, Esq.

Dixon. On March 22nd, at Storrington, Sussex, Emma, wife of Harvey W. Dixon, Esq., Surgeon.

Lavies. On March 23rd, at 11, Warwick Square, aged 11 months, George H., fifth son of Joseph S. Lavies, M.D.

Waddington. On March 20th, at Kingsland, Anne Isabella, widow of the late Joshua Waddington, Esq., Surgeon, of Margate.

Walton. On March 24th, at Paddington, aged 9, Edmund H. I., son of *H. Haynes Walton, Esq., of Brook Street.

PASS LISTS.

Apothecaries' Hall. Licentiates admitted on *Thursday, March 22nd*, 1860:—

Hall, Robert A., Grantham
Greenhill, J. R., Lewes
Meade, Henry, Bradford
Rivington, Walter
Spouncer, Fredk. C., Gainsborough, Lincolnshire

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at a meeting of the Court of Examiners, on March 23rd:—

BARRATT, Alfred, Birmingham
BLAKE, George A., Camberwell Green
BOSSY, Lewis, Islington
DEMPSEY, W. C., Fleet Street
FITZPATRICK, T., Northampton
HALL, Fredk., Barnoldswick, near Colne, Lancashire
HARVEY, W. G., Penzance
HEWITSON, Chas. Christopher, Weirdale, Durham
HUGHES, G. W., Ipswich
KING, Wm. H., Camelford, Cornwall
MEEK, W. S., Tarporley
PORTER, Charles, Birmingham
SAUNDERS, C., Foulsham
SPRAGUE, C., Kimbolton
TAYLERSON, John, Whitby
TUXFORD, J. E., Boston
VERTUE, F. H., Southwold, Wangford, Suffolk
WATKINS, G., Chepstow

The above gentlemen had all been admitted Licentiates of the Hall: their diplomas bearing date from 1819 down to 1855.

LIVERPOOL MEDICAL REGISTRATION ASSOCIATION.

A SPECIAL meeting of the members was held at the Medical Institution, Mount Pleasant, on Tuesday, March 20; ELLIS JONES, Esq., President of the Society, in the Chair. There were also present: Drs. Stookes, J. H. Wilson, Neil, Craig, Anderton, Turnbull, Skinner; Messrs. M'Cheane, J. T. Paterson, Bickerton, Speer, Burrows, Rowe, Flinn, Steel, etc.

The CHAIRMAN said the meeting was called in consequence of a communication which had been received from the London Medical Registration Association, requesting that steps might be taken to obtain the opinions of the members in reference to "those alterations in the Medical Act which increasing experience proves to be necessary"; and that those opinions might "be embodied in form of resolutions", and transmitted to the sub-committee in London now engaged in considering this subject. The Liverpool Committee had met, and carefully gone over the sections of the Act, and had prepared resolutions, which would be submitted to the meeting.

After a full discussion, in which most of those present took part, the following resolutions were unanimously adopted:—

Proposed by Mr. M'CHEANE, and seconded by Mr. BICKERTON—

"That in Section 36 of the Medical Act, the words 'not wholly supported by voluntary contributions,' be omitted."

Proposed by Mr. STEELE, and seconded by Dr. STOOKES—

"That Section 40 requires an additional clause, rendering it penal for any person not on the *Register* to act or practise *for gain or reward* as a physician, surgeon, etc., etc.; and in the same section, the words 'recognised by law as' should either be altogether omitted, or their meaning more clearly defined."

Proposed by Mr. BICKERTON, and seconded by Mr. BURROWS—

"That in Section 42, after the word 'aforesaid', the rest of the section be omitted, and the following to be substituted: 'Shall be applied and disposed of in manner following; viz., one-half thereof to the prosecutor and prosecutors, and one-half thereof to the Treasurer of the Medical Council.'"

Proposed by Dr. CRAIG, and seconded by Dr. SKINNER—

"That Section 48 be altogether repealed."

Proposed by Dr. J. H. WILSON, and seconded by Dr. NEIL—

"That a copy of the proceedings of this meeting be sent to the Honorary Secretary of the London Medical Registration Association."

A general conversation followed.

The HONORARY SECRETARY stated that the Association had already effected much good in Liverpool. A number of unqualified persons, on receiving a warning from the Vigilance Committee, had discontinued the use of illegal titles, including a 'surgeon chirodopist', and a 'dental surgeon'". Several medical men, who had hitherto neglected to place their names upon the *Register*, had consented to do so at the request of the Committee. The only case in which legal proceedings had been taken, the summons was dismissed, from an entire misapprehension, the Committee believed, of the intention and powers of the Act; and there was no doubt but that the Committee would shortly succeed in their endeavour to obtain a decision more in accordance with common sense and with the intention of the legislature.

A vote of thanks to the Chairman and to the Committee concluded the business.

DERBYSHIRE MEDICAL REGISTRATION ASSOCIATION.

A MEETING of this Association was held at Derby, in the Board-room of the Infirmary, on February 23rd, to consider the propriety of amalgamating with the London Association, in order to carry out the provisions of the Medical Act in restraining illegal practice: J. W. JOHNSON, Esq., the President, in the Chair. There were also present: J. Baker, Esq. (Derby); C. Borough, Esq. (Derby); F. Borough, Esq. (Derby); T. C. Cade, Esq. (Spondon); J. Clarke, Esq. (Derby); A. Dolman, Esq. (Derby); S. W. Fearn, Esq. (Derby); J. T. Featherstone, Esq. (Butterley); W. H. Fletcher, Esq. (Ripley); G. Garnham, Esq. (Ripley); H. Goode, M.D. (Derby); C. Grant, Esq. (Heanor); C. Harwood, M.D. (Derby); A. Hamilton, Esq. (Derby); J. Heygate, M.D. (Derby); W. Hollis, Esq. (Alvaston); J. Jones, Esq. (Derby); M. T. Jones, Esq. (Shardlow); A. Major, M.D. (Derby); N. Mant, Esq. (Wirksworth); G. O. Liddell, Esq. (Alfreton); G. Spencer, Esq. (Alfreton); G. Taylor, Esq. (Derby); J. S. Turner, Esq. (Alfreton); W. Webb, M.D. (Wirksworth).

Some conversation took place respecting the uncertain operation of the Act, which had enabled offenders in several places to set the penal clauses at defiance; and attention was drawn to the case of a notorious local quack doctor, who assumes the functions of a general practitioner without qualification, but disclaims being on the *Register;* and the question arose, whether, by so doing, he did in reality evade the Act.

Dr. GOODE read to the meeting some of the rules of the London Association, and advocated the union of the members with that Association, as it seemed to him to be desirable that there should be but one such Association for the whole kingdom, to obtain the necessary unity of action. Since the General Council had declined to prosecute, it rests with medical men themselves to carry it out; and they must still continue that combination by which the Act had been originally obtained.

It was proposed by Mr. FEARN, and seconded by Mr. HAMILTON—

"That the Derbyshire Association amalgamate with, and form a part of, the London Association."

An amendment was proposed by Dr. WEBB, and seconded by Mr. GRANT—

"That the Association become 'affiliated' with the London Association, on the terms proposed in the rules of the latter."

After a discussion, the original proposition was withdrawn, and the amendment was adopted unanimously.

It was proposed by Dr. HEYGATE, seconded by Mr. FEARN, and carried—

"That the annual subscription be five shillings."

Dr. HEYGATE remarked, that he considered it ought to be understood that no prosecutions were contemplated against persons who were legally on the *Register*, on the ground of having only one qualification. The probable effect of the Act would be to produce greater uniformity hereafter; and, in the meantime, there was sufficient to engage the attention of the Association in persons beyond the pale, who were mere pretenders, without qualification.

The meeting concurred in these observations; and, after some formal votes of thanks, it separated.

EPIDEMIOLOGICAL SOCIETY. The following papers will be read on Monday, April 2nd:—Cholera at the Cape de Verds. Cholera at Guildford in 1854: by H. S. Taylor, Esq. Cholera at Wick, Caithness, in 1859: by Dr. Littlejohn and Dr. Banks.

HEALTH OF LONDON—MARCH 24TH, 1860.

[*From the Registrar-General's Report.*]

	Births.	Deaths.
During week ..... { Boys.. 918 / Girls.. 927 }	1845	1611
Average of corresponding weeks 1849-58	1702	1367

Among the causes of death were—bronchitis, 284; pneumonia, 147; phthisis, 167; small-pox, 35; scarlatina, 28; measles, 22; diphtheria, 12; hooping-cough, 62. The deaths from pulmonary diseases (exclusive of phthisis) were 485, being 187 above the corrected average.

Barometer:

Highest (Mon.) 30·012; lowest (Tu.) 29·295; mean 29·557.

Thermometer:

In sun—highest (Sun.) 97·0 degrees; lowest (Fri.) 61·3 degrees.
In shade—highest (Sun.) 55·0 degrees; lowest (Thur.) 32·2 degrees.
Mean—43·1 degrees; difference from mean of 43 yrs. +1·2 degree.
Range—during week, 22·8 degrees; mean daily, 14·3 degrees.

Mean humidity of air (*saturation* = 100), 80.

Mean direction of wind, SW.—Rain in inches, 0·26.

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a written letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

ANONYMOUS CORRESPONDENTS should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

Communications have been received from:—MR. W. L. WINTERBOTHAM; DR. P. H. WILLIAMS; MR. THEOPHILUS WM. TREND; MR. A. B. STEELE; DR. MCWILLIAM; MR. R. S. FOWLER; DR. STYRAP; DR. HENRY GOODE; MR. ERICHSEN; DR. WM. LEISHMAN; MR. T. M. STONE; MR. RICHARD GRIFFIN; MR. A. M. EDWARDS; MR. A. H. DOLMAN; and MR. WILLIAM TRENERRY.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the Names of Members of the Association.*]

1. A New and Rational Explanation of the Diseases Peculiar to Infants and Mothers: with Obvious Suggestions for their Prevention or Cure. By Thos. Ballard. London: John Churchill. 1860.
2. On the Radical Cure of Varicocele by Subcutaneous Incision. Read before the Medical Society of London. By Henry Lee. London: John Churchill. 1860.

ADVERTISEMENTS.

DR. ALTHAUS ON MEDICAL GALVANISM.

Price 7s. 6d.

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